North Somerset Council

REPORT TO THE PEOPLE AND COMMUNITIES HEALTH AND WELLBEING BOARD

DATE OF MEETING: 6TH JULY 2015

SUBJECT OF REPORT: NORTH SOMERSET JOINT STRATEGIC NEEDS ASSESSMENT

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: JONATHAN ROBERTS, CONSULTANT IN PUBLIC HEALTH, PEOPLE & COMMUNITIES DIRECTORATE

KEY DECISION: NO

RECOMMENDATIONS

The board is asked to:

  i. Note the progress report on development of the Joint Strategic Needs Assessment (JSNA) for North Somerset including new and revised chapters in 2014 and 2015 as detailed in Appendix 1.

1. SUMMARY OF REPORT

1.1 This report updates the board with progress with the JSNA for North Somerset including reporting on new and revised chapters carried out in 2014 and 2015.

2. POLICY

2.1 Section 116 of the Local Government and Public Involvement in Health Act 2007 required Local Authorities and PCT’s to produce a JSNA to:

   • Identify the current and future health and social care needs of the local population.
• Help commissioners, including practice based commissioners, to set priorities to improve outcomes and reduce inequalities.

• Help identify short term (3-5 years) and longer term (10 years) priorities.

2.2 The duty commenced from 1st April 2008. Although initially the focus was on health and social care this expanded to include all the factors impacting on the health and well-being of local communities including, education, housing and environmental factors. The JSNA will also be used to inform future commissioning of services.

2.3 The Health and Social Care Act 2012 requires each local authority with adult Social Services responsibilities to develop a Joint Health and Wellbeing Strategy. The JSNA is given as one of the key documents to inform this strategy. The strategy and the JSNA must be approved by the Health and Wellbeing Board that must be established as a committee of the council. This role is formed in North Somerset by the People and Communities Health and Wellbeing Board.

3. DETAILS

3.1 The original JSNA in North Somerset was undertaken in 2008. A Steering Group was established to oversee the development of the JSNA.

3.2 In December 2010 the JSNA Steering Group reviewed the structure of and agreed a major refresh of the existing JSNA. The key outcome of this review and refresh is that the North Somerset JSNA is a web-based document and resource. This allows regular refreshing and reviewing to try and keep the document as up to date as possible. The link to the website is http://www.n-somerset.gov.uk/JSNA

3.3 The refreshed JSNA was agreed by North Somerset Council and the North Somerset Primary Care Trust in 2011. The JSNA sub-group became a sub-group of the North Somerset Partnership People and Communities Board which will continue to oversee the development of the JSNA and report progress to the North Somerset Council People and Communities Health and Wellbeing Board.

3.4 Since 2011 a programme of rolling chapter updates has commenced so chapters are updated and reviewed. In 2014-2015 updates to four chapters and two new chapters were completed, detailed in Appendix 1.

3.5 A review of the chapter format and content was undertaken during the year and a new set of author guidelines produced with emphasis on shorter more concise chapters under the following the headings:

• Needs analysis

• Current Strategies, Services and Community Voice
Key issues.

3.6 It was also proposed that sub-group meetings are changed to 6-monthly (2 meetings per year). This will mean that there more chapters are discussed at each meeting. Meetings will be held in October and May to correspond with commissioning planning and involve discussion of the chapter findings. Given the timetable for refreshing chapters this would result in the next two meetings covering:

- **October 2015**: Population, childhood disability, crime and antisocial behaviour, child poverty, transport, older people.
- **May 2016**: Educational achievement, offender health, stronger communities, breastfeeding, unintentional injuries, adult drug misuse, physical activity, alcohol misuse.

3.7 The outcomes group will continue to produce an annual summary report for the People and Communities Health and Wellbeing board.

4. **CONSULTATION**

4.1 The original JSNA and the refresh drew on a variety of sources of information and data. Health Watch North Somerset and Voluntary Action North Somerset are both represented on the JSNA steering group. HealthWatch have assisted the steering group in considering how to improve the use of the JSNA by the wider community.

5. **FINANCIAL IMPLICATIONS**

5.1 There are no direct financial implications to the on-going development of the JSNA.

6. **RISK MANAGEMENT**

6.1 The failure to ensure that the JSNA is a relevant and reliable source of data able to inform planning and commissioning decisions would not meet statutory obligations.

7. **EQUALITY IMPLICATIONS**

7.1 The JSNA assists the council and its partners to meet requirements under Equality legislation through its identification of issues impacting on equality and diversity issues.

8. **CORPORATE IMPLICATIONS**

NONE
9. OPTIONS CONSIDERED

9.1 As contained within the report.

AUTHOR

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BACKGROUND PAPERS

NONE
Appendix 1. New and revised chapters in 2014-2015

Housing (revised)

Poor or unsuitable housing conditions, lack of housing options and a lack of support to sustain housing can affect people’s health and well-being in a number of ways and also creates a high risk of marginalisation, ill health and poor life chances. Groups that may be particularly vulnerable are homeless households & rough sleepers, older people, young people leaving care, those with physical and/or mental disabilities, ex-offenders, drug & alcohol users, those experiencing domestic abuse.

In North Somerset there are 88,227 households, 73.5% are owner occupied, 16.2% are private rented and 9.2% are social rented.

The Strategic Housing Service is facing the following challenges:

- Ensuring provision of the right affordable homes to meet housing need;
- Managing and mitigating as far as possible the impacts of welfare reform;
- Improving housing options and related support to enable older people and people with learning disabilities to live independently;
- Preventing homelessness, particularly for young people aged 16/17 years old;
- Responding to the increasing need to regulate privately rented homes and increase supply of good quality homes in this sector;
- Meeting housing and support needs for those with challenging mental health needs;
- Bringing long term empty homes back into use;
- Meeting the need for adaptations and home improvements resulting from the ageing population of North Somerset;
- Mitigating the impact of the Hinkley Point C construction on the supply of private rented housing.

Environment (revised)

There is significant evidence that the quality of the environment greatly influences people’s physical and mental health and factors such as access to open space, the ability to lead an active lifestyle, access to health care facilities, community cohesion and well designed good quality housing all impact on health and well-being. These factors can all be influenced through planning policy and development and how we manage our built and natural environments.

This chapter covers how North Somerset Development Management and the work of the Environmental Protection Team will impact on the Environment in relation to: Sustainable development principles Provision of development that supports healthy and active lifestyles Protection and development of green infrastructure. Development of local response to mitigate
the effects of climate change. Air pollution Bathing water Noise control and anti-social behaviour.

The challenges for consideration include:

- Ensuring future development accords with the sustainable development principles outlined in the Core Strategy by progressing the plan to formal adoption, promoting good design and resisting inappropriate development.
- Ensuring development provides essential community infrastructure which supports and promotes healthy and active lifestyles through the effective application of development management policy and procedures.
- Protecting and developing green infrastructure through the development process and encouraging its wider use to support healthy and active lifestyles.
- Developing and funding the local response to climate change particularly the vulnerability of the older population to extreme weather occurrences and the need to manage the risk of flooding within available resources.

**Obesity (revised)**

Obesity increases the risk of death from a number of conditions, including cancer, heart disease and stroke, and is associated with increased risk of poor physical (including type 2 diabetes, arthritis, and depression), mental and social health. Obesity reduces life expectancy by between 3 and 13 years.

Current estimates of levels of obesity in North Somerset (22.7%) are similar to the average for England (23%). In childhood, levels of obesity rise with age from 8.07% in 4-5 year olds to 16.6% in 10-11 year olds. In North Somerset the proportion of 4-5 year olds who are overweight and obese is slightly higher than the average for England at 24%. In common with the rest of England and the South West, the prevalence of childhood obesity appears to have stabilised over the last few years, with no evidence that it is actually decreasing.

Challenges locally include obtaining local data on excess weight for:

- The prevalence of overweight and obesity in children under the age of 4-5
- The prevalence of excess weight and weight management in diabetic patients
- The prevalence of excess weight and weight maintenance in pregnant women
- The prevalence of excess weight and weight management in adults

Action is required to develop:

- Tier 3 services to support bariatric surgery
- Universal provision of a service to prevent weight gain in pregnant women with excess weight
- A comprehensive action plan for childhood obesity prevention and management

**Chronic Obstructive Pulmonary Disease (new)**
Respiratory disease is the 3rd leading cause of premature death in North Somerset (a death occurring under the age of 75). COPD claims around 90 deaths per year in total across North Somerset, which is around 4% of all deaths. Of those which are premature, data from 2010 to 2012 shows 29% (77 out of 269) of these deaths were in people aged under 75 years.

Lung diseases are the 3rd leading cause of premature death in North Somerset. Between 2010 and 2012 COPD deaths accounted for 6% of the gap in life expectancy between deprivation quintiles for both men and women. Estimates suggest that the expected prevalence of COPD in the adult population in North Somerset should be 3.08% of the population, which would equate to 5,268 people. Based on the current primary care data for 2013-2014 there are 4,195 people with diagnosed COPD in North Somerset, suggesting there are about 1,000 undiagnosed people currently in the community.

In the financial year 2013-2014 there were 431 COPD related admissions to local hospitals for North Somerset residents. The total direct healthcare cost was £903,854. Hotspots for hospital admissions have been identified in Weston, Clevedon and Portishead.

Challenges include:

- There is a need to raise awareness of risk factors and promote early identification.

- There is a need for co-ordinated management of at risk individuals to prevent the need for an admission.

- Patients must be given information, education and support to enable self-care and management of their condition including when exacerbations occur.

- Must ensure COPD patients have equitable and good access to home oxygen (where needed) and evidence based support programmes such as pulmonary rehabilitation.

Cancer (new)

Cancer is a major cause of mortality and morbidity across North Somerset and the UK. In 2011, there were over 331,000 cancer diagnoses in the UK and over 1,200 in North Somerset (excluding non-melanoma skin cancer); more than one in four deaths were caused by cancer. Early diagnosis and appropriate treatment are vital for reducing cancer mortality, whilst education, prevention and health promotion measures are necessary to help reduce an individual’s risk of developing cancer.

Across Bristol, North Somerset, Somerset and South Gloucestershire (BNSSSG), one and five year survival rates for all cancers combined have improved over the last fifteen years. Five-year survival for people diagnosed in 2007 (50.3%) was up by almost 7% compared to diagnoses in 1996. According to a report published in 2012, the greatest improvement in survival across Avon (which covers Bath and North East Somerset, Bristol, North Somerset and South Gloucestershire) was one-year survival of lung cancer, although it was still lower than the national increase. Colorectal cancers, however, were noted to be increasing in incidence with a falling one- and five year survival, particularly amongst women. Further uptake of the bowel screening programme in the over 60 age group in North Somerset will help reverse this worrying trend.
Challenges for consideration:

- Modifying risk factors e.g. smoking, alcohol misuse, improving healthy eating and physical activity (obesity control) to further improve the outcomes of cancer. To include consideration of risk factors for melanoma skin cancer (e.g. sun exposure).
- Impact of ageing population on services.
- Prioritisation and investment in early diagnosis e.g. initiatives on improving awareness and early diagnoses.
- Prioritise reducing inequalities in cancer by focusing on improving access to earlier diagnosis for the less advantaged groups of population.
- Ensure a prompt adherence to the NICE guidelines on diagnosis and treatment of cancers.
- Support GPs in reducing time from first presentation of symptoms to a cancer diagnosis.
- Improve cancer screening uptake, in particular colorectal cancer.

Health Protection (revised)

Prevention and control of infectious diseases is important because large numbers of people may be affected with considerable ill health or risk of death. In England, infectious diseases account for £1 in every £10 spent in the NHS. Between 2010-2012, there were 59 deaths from infectious or parasitic diseases in North Somerset. The North Somerset mortality rate is lower than the England average but not significantly different. The number of deaths peaked in 2006 but has since fallen. 26% of these deaths occurred in under 75 year olds. With the exception of food poisoning the number of notifiable diseases is low although in recent years there have been small increases in whooping cough, measles and scarlet fever. Groups at high risk of infection include pregnant women, young children, over 65’s, those with pre-existing medical conditions, homeless, and substance misusers. Those in nurseries, residential and nursing homes are also at increased risk.

Challenges Identified:

- Food Safety: Focus on businesses that are non-compliant with food hygiene; continue provision of level 2 food handling training; and provide targeted events in response to new legislation.
- Tuberculosis (TB): Ensure the local service specification for treatment and management of TB is implemented.
- Health Care Associated Infections (HCAI): Maintain vigilance in infection control in health care establishments; increase control awareness and training in the community.
- Blood Bourne Viruses: Improve surveillance of Hepatitis B and C, particularly screening of pregnant women and monitoring of vaccination programmes for infants; Community Safety and Drug Action Team (CSDAT) to look at surveillance of hepatitis with the drug and alcohol service.
- Surveillance: Improve the timeliness and accuracy of infectious disease surveillance information.
- Immunisation: Improve uptake of immunisations as a priority for GPs, school nurses, pharmacies and Public Health England. The importance of immunisations should be promoted in a broad range of settings and through communication with the public.