

Walsall Health and Wellbeing Board

12 September 2016

Emerging Needs from the Walsall Joint Strategic Needs Assessment (JSNA) 2016 and development of the Health and Wellbeing Strategy (HWS)

1. Purpose

The purpose of this paper is to brief the Health and Wellbeing Board (HWB) on the process followed for development of the Joint Strategic Needs Assessment (JSNA) and the emerging intelligence covering the needs of the population in Walsall. Following that, this report will cover the steps for identifying the Health and Wellbeing Strategy (HWS) priorities for 2017/18.

2. Recommendations

The Health and Wellbeing Board is recommended: -

2.1 To consider and comment on the intelligence and themes coming out of the Walsall JSNA refresh

2.2 To note the next steps in deciding the HWS priorities for 2017/18

3. Report detail

On the 25th April 2016, Walsall Health and Wellbeing Board received a report outlining the process for updating the Joint Strategic Needs Assessment in order to refresh the Health and Wellbeing Strategy and identify new priorities. This report examines progress to date.

3.1 Walsall Joint Strategic Needs Assessment process:

In Walsall, the development of the Joint Strategic Needs Assessment (JSNA) is an iterative process where the documents which provide the data and intelligence are stored on a website and are constantly being added to and updated. The **core JSNA reports** are refreshed in a 3 year cycle, for example. The website is found at the following location: -

[Walsall Intelligence Website - Core Reports](#)

Key partners from Public Health / Economy & Environment, Children's Services, Adult Social Care from Walsall Council, Walsall Clinical Commissioning Group and West Midlands Police have been involved in refreshing the Walsall JSNA core reports.

In the intervening years, other data and intelligence is gathered in the form of **deep dive reports** produced to support specific pieces of work around the HWB priorities. For example, the following needs assessments have been produced during the last 3 years.

- Eye Needs Assessment
- Drugs and Alcohol Needs Assessment
- Healthy Weight Needs Assessment
- Sexual Health Needs Assessment
- Children & Young Peoples Mental Health Needs Assessment
- Walsall Domestic Abuse Needs Assessment
- Adult Mental Health Needs Assessment
- Pharmaceutical Needs Assessment
- Men's Health Review
- Early Years: Review of Current Intelligence and Research.
- Walsall JSNA Profiles for each Partnership Area

These needs assessments have been used to influence the joint commissioning of services in Walsall and also to support the **HWB Task and Finish groups** covering Alcohol, Healthy Weight, Diabetes and Infant Mortality.

All the data and intelligence gathered is available on-line in the Intelligence website:

[Walsall Intelligence Website JSNA Home Page](#)

Please note that many of these reports have been produced by multi-agency groups and Partnership Boards. Therefore other Boards such as the Walsall Economic Board, Walsall Safeguarding Board, the Children's & Young People's Board use this same Intelligence to make decisions.

3.2 Performance Monitoring and the JSNA

The Walsall JSNA process also takes note of the **performance** of the 19 HWB Strategy priorities through the themed performance dashboards that are presented (one at a time) for examination and discussion at each HWB meeting. In preparing the performance dashboards, **three main key performance profiles** are used. These performance Profiles are listed below and are available on the Walsall Intelligence website:

- Public Health Profile for Walsall
- Adult Social Profile for Walsall
- Child Health Profile for Walsall

A working group, mainly comprised of Intelligence and Analytical staff, have produced an **Executive Summary of the Walsall JSNA** findings. See **Appendix 1**. This provides a summary of the core JSNA reports and emerging needs and themes.

3.3 Developing the Health and Wellbeing Strategy and identifying priorities

The priority needs emerging from the JSNA are numerous and relate to the wide breadth of health determinants, such as educational attainment and employment, as well as covering issues that one would consider to be directly related to the NHS and LA health and social care services, such as emergency admissions to hospital, healthy weight and infant mortality.

In previous years the HWB has attempted to cover all the key emerging priorities and retain an overview by recognising the lead role that other NHS and LA Boards play in tackling certain needs and asking them to submit performance dashboards to the HWB meetings. The 'deep dive' task and finish groups have been set up to cover the remaining issues, not covered by other Boards. It has been recognised that having 19 priorities is too many to enable the HWB to really focus and identify what it required to make a difference.

The membership of the HWB reflects the commissioning roles of the LA and NHS. It would therefore be logical that the HWB should identify a small number of Health and Wellbeing Strategy priorities by recognising where the commissioning powers of the HWB members are able to have the greatest impact and therefore make the biggest difference.

Emerging needs from the JSNA include the following:

- Emotional health of children and young people, including self esteem and higher aspirations
- Toxic trio: mental health, substance misuse and domestic violence
- Infant mortality, including maternity services
- Obesity in children
- Physical activity: adults and children
- Unemployment – particularly people unable to take up employment due to ill health and claiming ill health benefits carers
- Carers
- Long term conditions eg: cancer, diabetes, asthma and respiratory diseases
- Dementia and isolation

From this 'long list' it is important to know whether other key Boards have already taken the lead on this issue by identifying it as one of their priorities. This will leave a short list from which the priorities for the HWB 2017 - 2020 will need to be selected.

Selection will need to via use of a number of agreed criteria to ensure that the process is logical and transparent. The criteria might include:

- The majority of the HWB members feel that they can directly influence a number of aspects relating to these priorities
- the HWB partners commission services that impact the priority

- the performance outcomes of the majority of the HWB members are affected by the priority
- Considering the priority, specific actions could be identified that affect commissioning, policy or partnership
- The priority has been identified, either within other key programmes in Walsall (eg Walsall Together), or within the work programmes of the majority of HWB members
- no other key Board is already leading on this issue

4. Implications for Joint Working arrangements:

Good joint working arrangements are crucial in the development of the JSNA and identification of the HWS priorities – and these have been achieved to date. However, as resources between partners become more scarce and capacity reduces, partnership working can become much more difficult. As the HWB starts to implement the new HWS and work on its priorities, the HWB will need to continue to provide the leadership required to overcome potential barriers to effective action.

5. Health and Wellbeing Priorities:

The Health and Wellbeing priorities 2017 – 2020 will be identified as a result of the work outlined above.

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**Appendix 1:
Emerging Needs from the Walsall Joint
Strategic Needs Assessment 2016**

**Executive summary of Walsall JSNA
August 2016**



Walsall Council

Walsall JSNA Summary

JSNA Background:

JSNA stands for Joint Strategic Needs Assessment. The JSNA is a programme, specified nationally but delivered at a local level by all NHS and upper tier local authorities. The duty to undertake the JSNA is set out in Section 116 of the Local Government and Public Involvement in Health Act (2007).

Purpose of the JSNA Refresh :

- Bring the data up to date
- Reviewing findings, recommendations and actions in the light of the updated data
- Addressing gaps and omissions in the 2013 to 2016 Health & Wellbeing Strategy
- Review of the key performance dashboards in relation to the HWB Strategy priorities

Benefits of the JSNA:

To improve the health and wellbeing of the local community and reduce inequalities for all ages. It is a continuous process of strategic assessment and planning. JSNA outputs, in the form of evidence and the analysis of needs and agreed priorities, are used to help to determine what actions local authorities, NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on the health and wellbeing of Walsall

Health and Wellbeing in Walsall

The ultimate goal of prevention of ill health is not only to extend life expectancy but to extend the proportion of each life lived in a **healthy state**. Improving lifestyles, prevention and early detection of disease and robust, effective treatment of illness will contribute to this aim.



Walsall Population Demographics

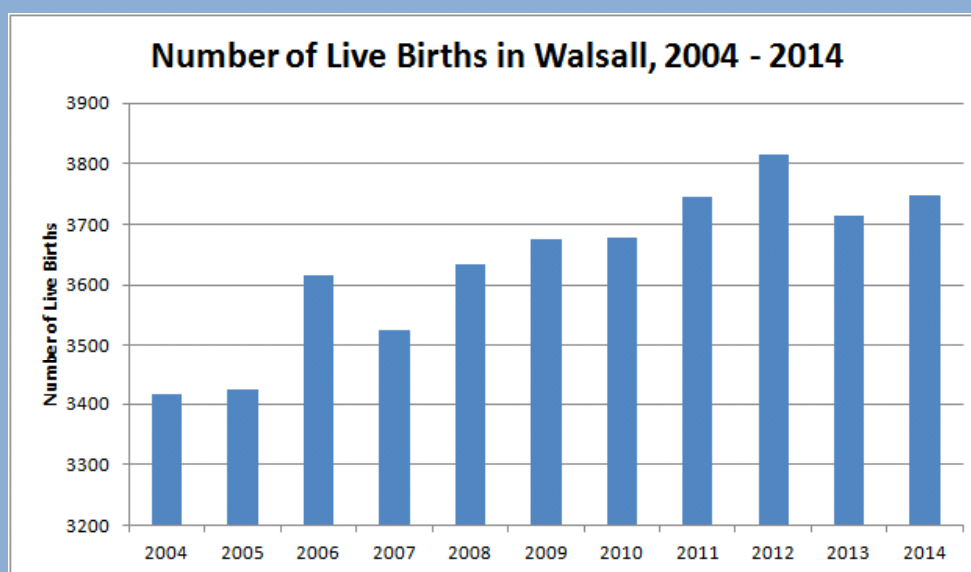
Walsall's overall population is predicted to increase over the next 10 years by 5.1% from 270,900 in 2012 to 284,700 in 2022. In addition to this, Walsall's older people population (those aged 65 and above) is predicted to increase by 13.8%, with the number of people 85 years and older increasing from 47,200 in 2012 to 53,700 in 2022. This increasing number of older people will put further strain on Walsall healthcare services and social care services in this financially challenging times.

Walsall JSNA Summary

Health and Wellbeing in Walsall

Walsall Population Demographics (continued)

The number of births in Walsall has also grown from 3,417 in 2004 to a peak of 3,816 in 2012. The growth declined in 2013 to 3,715, and increased in 2014 on par with 2011 figures to 3,748 – this is an increase of 8.8% during the 10 years. This increase will have an effect on the usage of local health and council services including early years settings and primary schools.



The latest child poverty figures for Walsall (2011) show that there were 16,145 children under 16 living in low income families – representing 29.2% of all children in the borough. This was above both the England average of 20.6% and the regional West Midlands average of 23.8%.

Deprivation and poverty in childhood lie at the heart of inequalities throughout life. The Government's 'New Approach to Child Poverty 2011' recognised that 'poverty can be such a destructive force because of its long-term grip on families and communities, holding them back generation after generation'. The ultimate outcomes of inequalities in wellbeing are improving life expectancy and healthy life expectancy.

Although improving in Walsall, both lag behind regional and national levels, and much needs to be done to narrow the gap between healthy life expectancy and life expectancy.



Walsall JSNA Summary

Children & Young People

What has Improved?

A key element of Walsall's Early Help response is the delivery of evidence based parenting programmes.

To deliver objectives of Walsall Parenting Strategy (2106) Walsall has commissioned a suite of parenting programmes and trained over 300 professionals across the partnership to deliver either on a group basis or one to one with families. The suite includes universal, targeted and specialist parenting programmes.



What has not improved?

Walsall Infant Mortality rate per 1000 live births is decreasing but has not improved as fast as other similar areas in the country.

What has been added?

The Emotional Health of Children and Young People has been added alongside a Strategy. A toxic trio group is examining the issue of Alcohol misuse, Domestic Violence and Mental illness in Families – this is developing work.

My Money, My Home, My Job in Walsall

What has Improved? The number of out-of-work jobseekers has fallen by 65% (from 10,340 Feb13 to 3,650 Feb16) with improvements in numbers of young people (18-24) in employment.

What has Not Improved? There has been an increase of 8% in the number of people claiming ill-health benefits (eg ESA) (from 12,190 Feb13 to 13,210 in Feb16).

What has been added?

This section is being developed further to link with Walsall Economic Assessment and emerging West Midlands Combined Authority Economic Assessments and Strategic Economic Plan.



Walsall JSNA Summary

Creating healthy and sustainable communities



What has Improved?

There has been a year-on-year increase in Active Travel (walking / cycling / scooting) for A*STARS primary schools, now up **55.9%** in Walsall compared to a National average of **48%**.

What has been added?

The Joint Strategic Needs Assessment has also tried to strengthen links with the Community Safety strategy and a Domestic Abuse Needs Assessment has been produced to inform commissioning.

Improving Physical Health & Mental Wellbeing through healthy lifestyles

What has Improved?

The smoking prevalence in Walsall has fallen from 21.5% in 2012 to 17.6% in 2015. The year 6 obesity rate has improved.



What has Not Improved?

The percentage of Walsall residents taking part in recreational physical activity is 50.7% compared to an England rate of 56%.

Reducing the burden of preventable disease

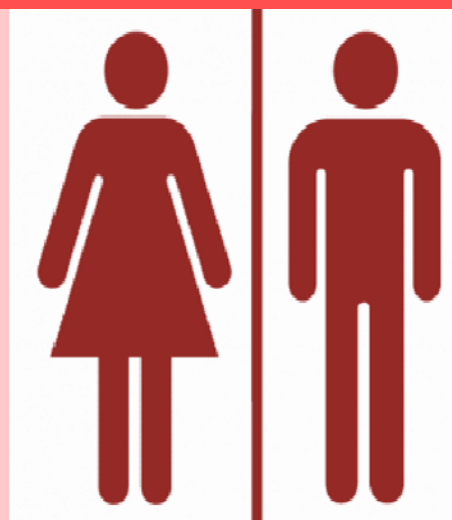
What has Improved?

The number of Walsall people under 75 years dying from Coronary Heart Disease has fallen but is still higher than the regional and national average rates.

There is a downward trend in the Walsall suicide rate per 100,000 population is evident over the last 12 years. Flu Vaccinations levels in pregnancy have improved.

What has Not Improved?

The Premature Cancer Mortality Rate is similar to Peer Group and is higher than England average rate. Walsall has the 3rd Highest Diabetes rate in the country.



What has been added?

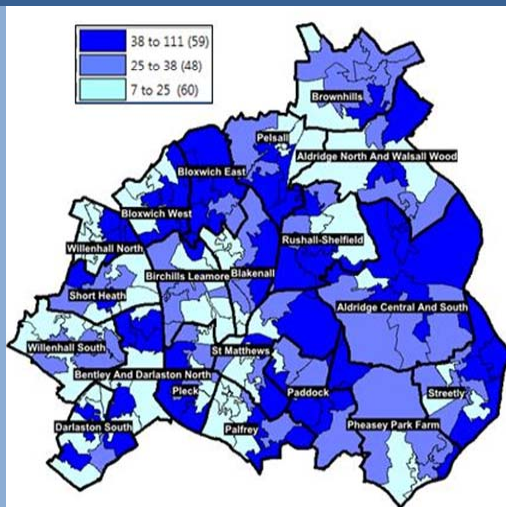
Infectious disease and health protection has been added to the JSNA. Infections continue to be a significant cause of ill health in Walsall. In 2010 in England, infectious diseases accounted for 7% of all deaths, 4% of all potential life years lost (to age 75) and were also the primary cause of admission for 8% of all hospital bed days.

Walsall JSNA Summary

Healthy ageing and independent living

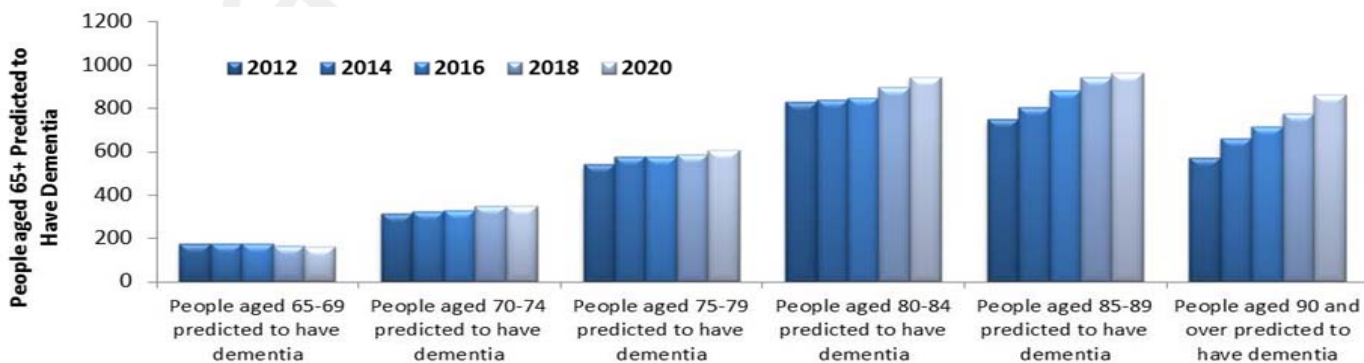
What has Improved?

Life expectancy of Walsall men and women has increased by about 4.5 years over the last 20 years. Older people are actually living longer and are having more active lives.



What has Not Improved?

The number of Walsall residents aged 65 years and over is increasing and will continue to increase over the next 10 years. The number of older people living alone is also due to increase. As is the number of older people with Dementia is due to increase (below).



What has been added?

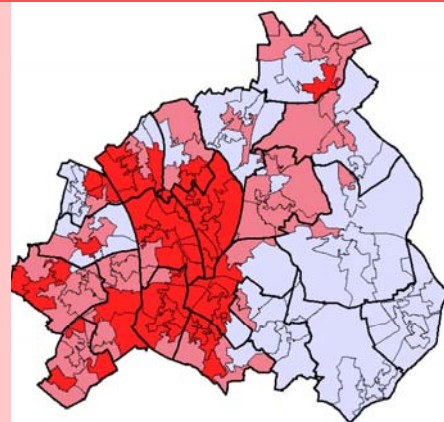
The development of Building Healthy Communities project will help localities to help with the issue of loneliness and isolation particularly amongst Carers.

Next Steps

Previous 14/15 recommendations will be reviewed in light of the JSNA refresh presented in this paper and progress reports currently being brought back to the HWB.

Health and Wellbeing Strategy Group will consider findings and bring recommendations for 16/17 back to the HWB.

Continue to develop the Walsall Intelligence website Topic Page




Walsall Intelligence Website

A screenshot of the JSNA area of the Walsall intelligence website is shown below, the chapter driven menu allows quick access of full documents by JSNA theme.



Walsall Intelligence

The first port of call for data, intelligence and analysis about the people and places in Walsall



[Home](#) [Log In](#)

Currently viewing: Joint Strategic Needs Assessment

Joint Strategic Needs Assessment

Introduction

The 2016 Walsall Joint Strategic Needs core data report has been broken down into the many different sections. Each section of the core JSNA report will be updated as information changes or as new issues arise. The core JSNA chapters below have now become a rolling process rather than one big document.

[00.01 Introduction](#)

JSNA Chapter 1 - Health and Wellbeing in Walsall

Chapter 1 is about Wellbeing in Walsall. Sections on Demography, Poverty in Childhood, Life Expectancy and Healthy Life Expectancy are included and can be accessed at the links below.

[01.00 Introduction](#)

[01.01 Demography \(2016\)](#)

[01.02 Poverty in childhood \(2016\)](#)

[01.03 Life expectancy \(2016\)](#)

[01.04 Healthy life expectancy \(2016\)](#)

[01.05 Summary](#)

JSNA Chapter 2 - Give Every Child the Best Start in Life

Chapter 2 is about Giving every child the best start in life. Sections on Infant / Perinatal Mortality, Mental Health of Children, Educational Attainment, Parenting Capacity, Healthy Weight and Childrens Oral Health are included and can be accessed at the links below.

[02.00 Introduction](#)

[02.01 Infant and Perinatal Mortality \(2016\)](#)

[02.02 The Mental Health of Children and Young People in Walsall \(2016\)](#)

[02.03 Educational Attainment - The Early Years \(2016\)](#)

[02.04 Parenting Capacity \(2016\)](#)

[02.05 Healthy Weight \(2016\)](#)

[02.06 Childrens Oral Health \(2014\)](#)

[02.07 Summary](#)

JSNA Chapter 3 - Enable all children and young people to maximise their capabilities and have control over their lives: transition to adulthood

Chapter 3 is about enabling all children and young people to maximise their capabilities and have control over their lives (transition to adulthood). Sections on Educational Attainment, Healthy Weight, Sexual Health, Vulnerable children and young people, and Child Safety and Safeguarding are included and can be accessed at the links below.

[03.00 Introduction](#)

[03.01 Educational Attainment - GCSE School Attainment \(2016\)](#)

[03.02 Healthy Weight \(2016\)](#)

[03.03 Sexual Health \(2016\)](#)

[03.04 Teenage Pregnancy \(2016\)](#)

JSNA Chapter 4 - My Money, My Home and My Job

Chapter 4 is about the links between poor health and the development of a vibrant economy. The chapter heading is called My Money, My Home and My Job. This includes sections on deprivation, Welfare Reforms, My Home - Healthy Housing, Economy & Employment, Adults & Parents, Young People, and Vulnerable Groups (such as Learning Disability and Mental Health) and can be accessed at the links below.

[04.00 Introduction](#)

[04.01 Deprivation \(2014\)](#)

[04.02 Welfare Reform \(2014\)](#)

[04.03 My Home - Healthy housing \(2014\)](#)

[04.04 Economy and Employment \(2014\)](#)

[04.05 Adults and parents \(2014\)](#)

JSNA Chapter 5 - Creating and developing healthy and sustainable places and communities

Chapter 5 is about creating and developing healthy and sustainable places and communities. This includes sections on getting about, relaxing and having fun, Planning, Stronger communities and community safety, and can be accessed at the links below.

[05.01 Getting About \(2014\)](#)

[05.02 Relaxing and having fun \(2014\)](#)

[05.02.01 Sport and Leisure](#)

[05.02.02 Green Spaces](#)

[05.02.03 Play](#)

[05.02.04 Allotments and Community Gardens](#)

[05.02.06 Playing fields](#)

[05.02.07 Libraries, Heritage and Arts](#)