



Central Bedfordshire Health and Wellbeing Board

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Title of Report Joint Strategic Needs Assessment Executive Summary

Meeting Date: 6 April 2016

Responsible Officer(s) Muriel Scott, Director of Public Health

Presented by: Celia Shohet, Assistant Director of Public health
Celia.shohet@centralbedfordshire.gov.uk 0300 300 4578

Recommendation(s)

- 1. To consider and endorse the 2016 Executive Summary of the Joint Strategic Needs Assessment for Central Bedfordshire.**
- 2. To identify the areas which will require focus and action across the system which the Health and Wellbeing Board may wish to incorporate into its strategy.**

Purpose of Report	
1.	To provide the Board with a comprehensive summary of the Health and Wellbeing needs in Central Bedfordshire and the areas which require further focus.

Background	
2.	The Executive Summary is the most frequently accessed and used part of the JSNA; therefore it needs to paint a concise picture of significant current and future needs in Central Bedfordshire. This should then be used to inform commissioning decisions for the following year and relevant strategies such as the Joint Health and Wellbeing strategy and Bedfordshire Plan for Patients. The JSNA does not provide the detail of how this should be implemented but it does provide the need, evidence base and cost effectiveness where this is available.
3	There are a number of common themes which have emerged from the JSNA <ul style="list-style-type: none">The need to increase healthy life expectancy and promote independence by 'mainstreaming prevention'. This is important to both local residents and to the local health and care system that will need to fund the consequences if healthy life expectancy does not improve.

	<ul style="list-style-type: none"> • The need to reduce inequalities in health which can start from birth – so giving every child the best start in life is essential, as is minimising the impact of welfare reform. • The need to give mental and physical health parity – there is no health without mental health. • The need to be ambitious – whilst outcomes in Central Bedfordshire appear better than average – they should be as it is a relatively affluent area – so we should aim to be among the best.
4.	<p>To gain a full picture of the need, the executive summary should be read in full, however some of the main issues to emerge from the refresh are outlined below. If there has been a change in needs or outcomes since the previous executive summary this has been indicated by italics within the text.</p> <p>For Population and Place:</p> <ul style="list-style-type: none"> • Central Bedfordshire is generally a great place to live but there are differences in people’s experience which can be explained in part by the wider determinants of health e.g. income, housing, environment and educational attainment. • Whilst life expectancy continues to <i>increase</i> for men and the gap between the most and least deprived areas is <i>narrowing</i>, on average, men are living in poor health for 14 years and women for 16 years. This impacts significantly upon the need for health and care, for example, driving non elective admissions, increased demand for care packages and disabled facilities grants. • Levels of recorded serious acquisitive crime and reports of domestic abuse have <i>increased</i> since the last executive summary. <p>For Children and Young People:</p> <ul style="list-style-type: none"> • Early Years development is <i>improving</i> but Central Bedfordshire’s outcomes remains in the 3rd quartile nationally, whilst the area is one of the least deprived in England. • The rate of under 18 conceptions has <i>continued to fall</i> and is now better than the national and regional rates. • The proportion of young people achieving 5 or more A*-C grades at GCSE has <i>improved</i> however results for key stage 2 are in the bottom quartile. The gap between disadvantaged pupils and other pupils at key stage 2 is above statistical neighbours and nationally.

- The Health related behaviour survey undertaken in 2014 indicated that pupils in Central Bedfordshire were less likely to get high self-esteem scores than other areas.
- The number of looked after children has *increased*.
- The number of first time entrants to the criminal justice system has *fallen*.

For adults:

- The impact of alcohol abuse is *rising* as indicated by alcohol related admissions and rising reports of domestic abuse, impacting upon individuals affected and their families.
- Central Bedfordshire has a greater proportion of its adult population classified as overweight or obese, driving current and future demand for care.
- Only 50% of people with high blood pressure have their condition diagnosed and controlled.
- Outcomes for people with diabetes should be better, the proportion of those achieving treatment targets is significantly below even the England average.
- Rates of sexually transmitted infections and late diagnosis of HIV remain below national rates but the trend is *increasing*.
- Men with poor mental health, on average, die 20 years earlier than men without mental health problems, for women this figure is 15 years.

For Older People:

- The number of people aged 85 years will double by 2031 and associated significant increases in the number of people living with dementia.
- Rates of injuries due to falls (and admissions to acute care) are *increasing*, driving both non elective admissions and the requirement for more intensive care post discharge from hospital.
- An additional 100 care home places will be required by 2021.

	<p>For particularly Vulnerable Groups:</p> <ul style="list-style-type: none"> • The majority of safeguarding referrals in 2014-15 were related to harm from paid carers, a <i>change</i> from 2013-14 when most incidents involved a person known to the individual. • There are <i>increasing</i> numbers of carers who have support needs of their own. • The rate of statutory homelessness is <i>rising</i> and the numbers residing in temporary accommodation is increasingly dramatically, with 94 households being affected in December 2015.
5.	<p>Summary of key changes since the last JSNA:</p> <p>Areas where the position has improved: Life Expectancy – total and the gap between most and least deprived areas Early Years Development at Foundation Stage Under 18 Conceptions Achievement at Key Stage 4 First time entrants to the Criminal Justice System</p> <p>Areas where the position has deteriorated: Domestic Abuse (this may be due to increased awareness and confidence to report rather than an increased rates of incidents) Serious acquisitive crime Key Stage 2 results The number of Looked After Children Impact of alcohol abuse Rates of sexually transmitted infections Admissions for injuries due to falls Rates of statutory homelessness</p>

Areas for consideration by the Health and Wellbeing Board	
6.	<p>The JSNA Executive Summary was last updated in the autumn of 2014 and there have been some significant changes which directly impact upon or are an indicator of Health and Wellbeing. These areas should be of concern to the Board requiring system leadership and should drive future focus for the board, these include:</p> <ul style="list-style-type: none"> • Educational attainment at Key Stage 2 and comparatively poor attainment (when benchmarked against similar areas) for Key Stage 4 and school readiness. • That Young People’s emotional wellbeing and resilience appears to be lower than in other areas.

	<ul style="list-style-type: none"> • The fact that men with poor mental health, on average, die 20 years earlier than men without mental health problems, for women this figure is 15 years, so the assessment and management of <u>both</u> physical and mental health needs is essential. • The considerable proportion of life spent in poor health (on average 14 years for men and 16 years for women) is driving demand for health and care. The proportion of life spent in poor health is highest in the most deprived communities. 40% of the years of Healthy Life lost are due to lifestyle. • The significant proportion of the population with hypertension and diabetes who have not yet been identified and then effectively managed. • The impact of alcohol abuse on individuals, families and demand for care. • The rising rates of injuries due to falls which impacts on the need for acute and longer term care. • The impact of welfare reform which is shown most acutely in the growing rates of homelessness.
7.	There are other areas which will drive the work of other partnership Boards e.g. Community Safety Partnership, but these have not been identified separately in this report.

Issues	
Governance & Delivery	
8.	The production of the JSNA is a requirement of the Health and Wellbeing Board discharged through the JSNA steering group.
Financial	
9.	The financial implications which result from changes to commissioning will be taken through the normal commissioning arrangements. The needs identified are significant and some will require changes or additional service provision if they are to be met.

Public Sector Equality Duty (PSED)	
10.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty No
	If yes – outline the risks and how these would be mitigated

Source Documents	Location (including url where possible)
JSNA Executive summary	Appended as not yet available online (due to migration to a new improved website which should be live on 27 April 2016)

Presented by Celia Shohet