# Joint Strategic Needs Assessment

HASC Select Committee 24th January 2017

Dr Emily Youngman

Consultant in Public Health Medicine



#### The Process

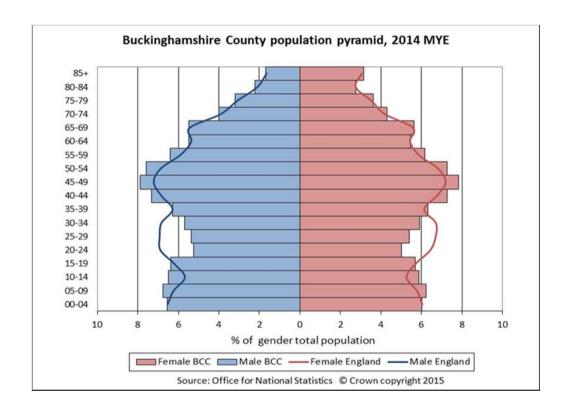
- Joint Strategic Needs Assessment (JSNA) assesses the current and future health, care and wellbeing needs of the local community to inform commissioning decisions with the aim of improving the health and wellbeing of the local community and reducing inequalities
- Local authorities and clinical commissioning groups have equal and joint duties to prepare JSNAs, through the Health and Wellbeing Board
- Collaborative JSNA development comprises representatives from key stakeholders across BCC Business Units, as well as representatives from the Clinical Commissioning Groups, District Councils and Healthwatch
- Structure of the JSNA is
  - Population
  - Wider determinants of health
  - Healthy lifestyles
  - Children, young people and their families
  - Adults
  - Older people

# **New Developments**

- Continuously updated, live resource
- Better data sharing, more complex analysis
  - Identify gaps
  - Data sharing and linkage
- Presented in different ways
  - Summaries
  - Interactive atlas
- Greater public voice

# **Population**

- 528,400 people living in Buckinghamshire in 2015
- **4.6%** (23,000 people) since 2011
- 2.8% South East2.5% England



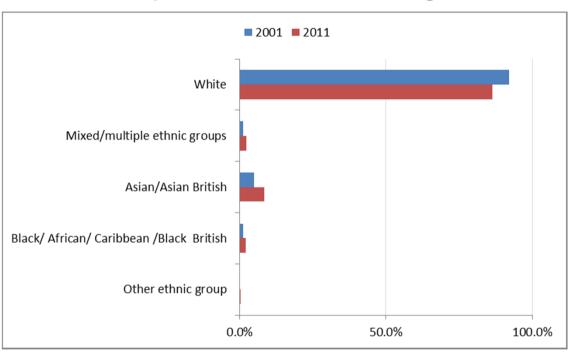
# **Population Growth**

- Buckinghamshire population expected grow by 14% from 2015 to 2033 (extra 73,750 people)
- But,
  - 44% increase in people aged 80+ years (extra 55,000 people)
  - 140% increase in people aged 90+ years (extra 6,800 people)

## **Ethnicity**

- 14% population from nonwhite ethnic groups
   (approx. 72,000 people in 2015) (8% in 2001)
- 21% 0 to 19 year olds are from minority ethnic groups
- 26% of births (1,608 births) are to non-UK born mothers, comprising (top 5)
  - 1. Pakistan
  - Poland
  - 3. India
  - South Africa
  - 5. Romania

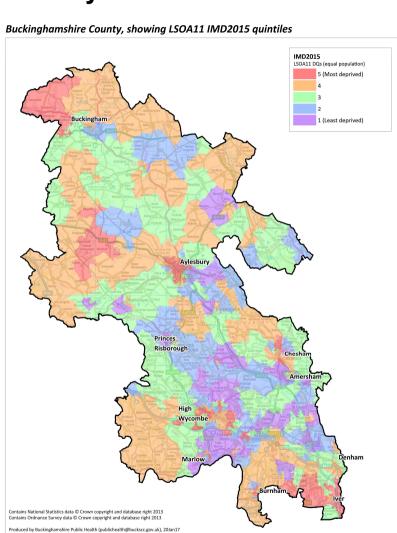
#### Ethnic Groups, 2001 & 2011, Buckinghamshire



# **Deprivation**

- 5<sup>th</sup> least deprived local authority out of 152 in 2015
- 8<sup>th</sup> out of 149 in 2010
- 3 LSOAs in the 20% most deprived nationally (LSOA is an area containing approx. 1,500 people)
- 0 LSOAs in 2010

# Index of Multiple Deprivation Quintiles for Buckinghamshire County Council



- Approximately 100,000 people in each quintile
- Red zones are in most deprived quintile
- Purple zones are in least deprived quintile

## **Life Expectancy**

- Men and women in Buckinghamshire live on average two years longer than the national average
- But, varies across county
- 104,440 people living in the most deprived areas of the county who will die
  on average up to 6 years earlier for men and four years earlier for
  women, than those living in the least deprived areas in Buckinghamshire

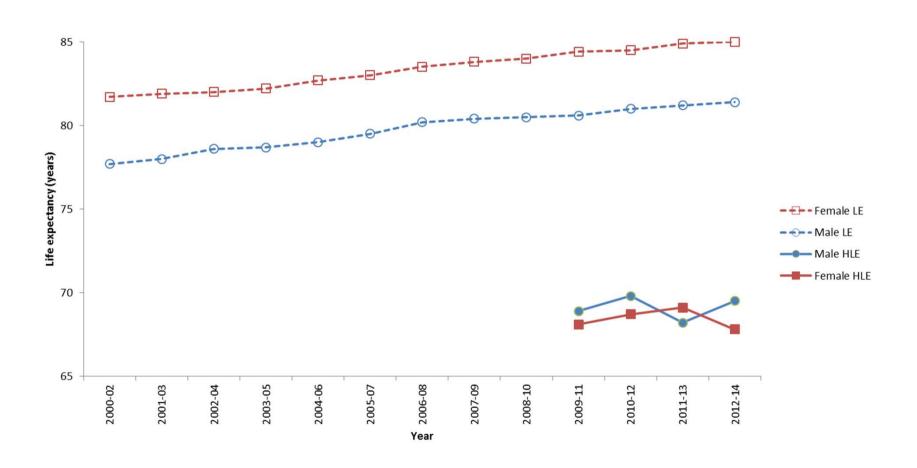
#### **Healthy Life Expectancy**

- Every year, the life expectancy at birth of men and women in Buckinghamshire increases by about 4 months
- However, there have not been similar increases in healthy life expectancy, suggesting that the extra years of life are not free of ill-health

#### For example...

- For females, 80% of life spent in 'good' health, with on average 17 years spent in ill-health
- For males, 85% of life spent in 'good' health, with on average 12 years spent in ill-health

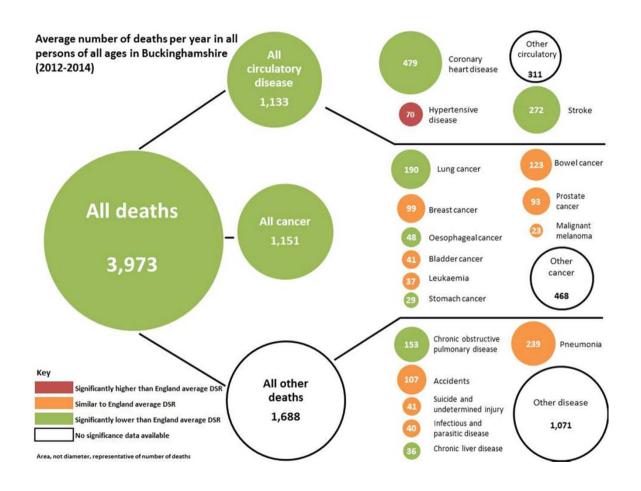
# Trend in life expectancy at birth and healthy life expectancy in men and women in Buckinghamshire



## **Self-Reported Health in Buckinghamshire**

- 14% increase in people self-reporting good or very good health from 2001 to 2011 and 2% drop in those reporting bad or very bad health
- 85.8% population (433,800) self-reporting good or very good health in 2011, compared with 74.9% (27,800) in 2001
- 3.5% population (17,500) self-reporting good or very good health in 2011, compared with 5.8% (358,616) in 2001
- 13.4% population (67,900 people) with limiting long term illness in 2011, compared with 12.8 % (61,300 people) in 2001

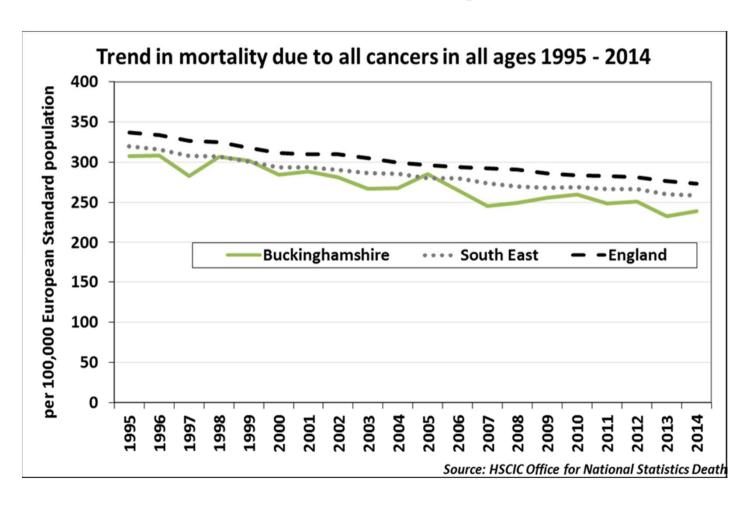
#### **Causes of death**



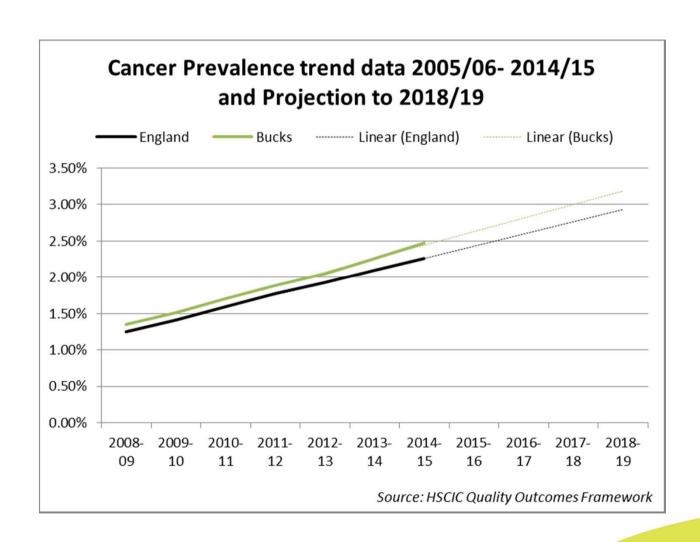
#### **Premature Death**

- Overall premature death rate is declining and 4<sup>th</sup> lowest out of 150 LAs in England
  - Rate decline is slowing
  - Can do even better
- Premature death rate from cardiovascular disease is decreasing and 3<sup>rd</sup> lowest, but
  - 59% of premature cardiovascular deaths are preventable
    - = 422 preventable deaths in 2012-14
- Overall premature death rate from cancer is decreasing and 7<sup>th</sup> lowest, but
  - Premature death rate for breast cancer 102<sup>nd</sup> lowest
  - Premature death rate for colorectal cancer 22<sup>nd</sup> lowest

# Deaths due to all cancers are decreasing



# Prevalence of cancer is increasing





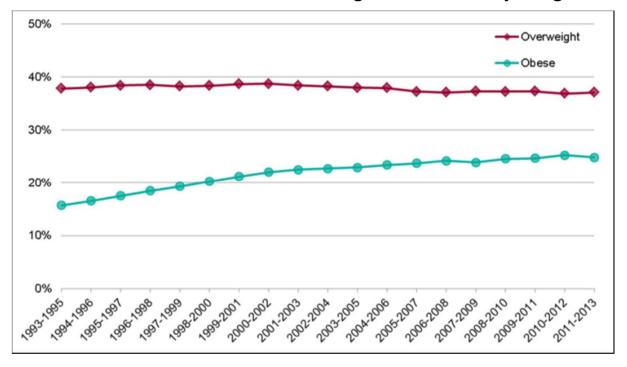
- 55% of premature cancer deaths are preventable
- = 816 preventable deaths in 2012-14

#### **Healthy lifestyles in adults**

#### Buckinghamshire

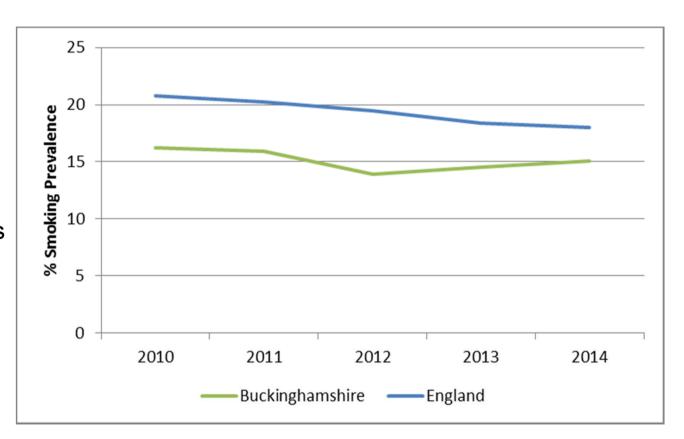
- 2 in 3 adults
   (261,700 people)
   are overweight or obese
- 1 in 5 adults
   (78,500 people) are
   physically inactive
- 1 in 8 adults
   (49,000 people) are
   at risk of developing
   diabetes

#### Trend in Prevalence of overweight and obesity England

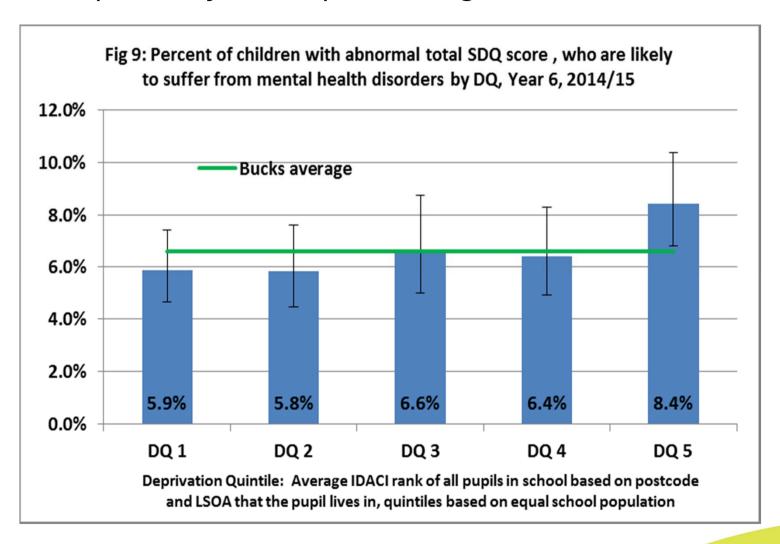


# Trends in smoking prevalence in Buckinghamshire

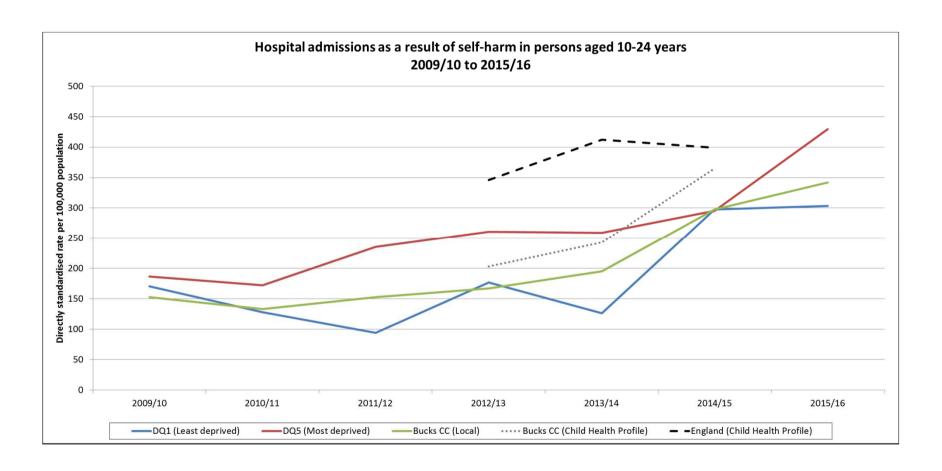
- 1 in 9 adults smoke (43,600 people)
- 1 in 5 adults in manual workers (78,500 people)
- 1 in 14 pregnant women are smokers at the time of delivery (433 women)



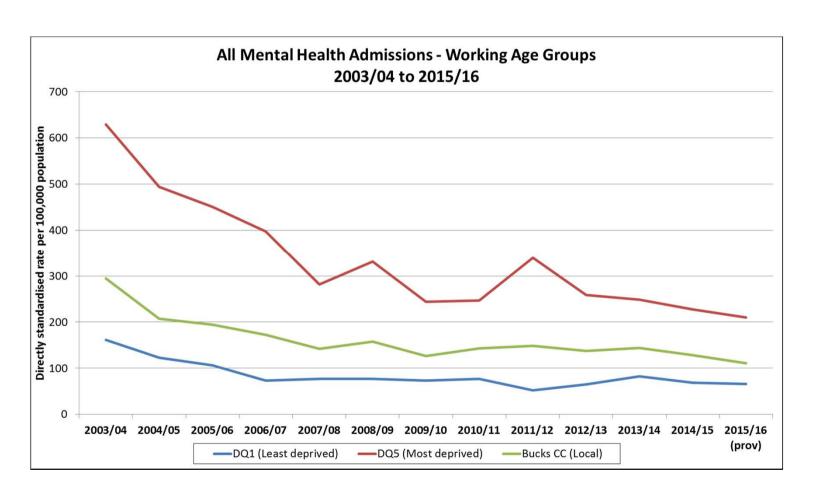
# Risk of mental health problems by school deprivation quintile Year 6 (10 to 11 years old) in Buckinghamshire



# Hospital admissions for self harm aged 10-24 years



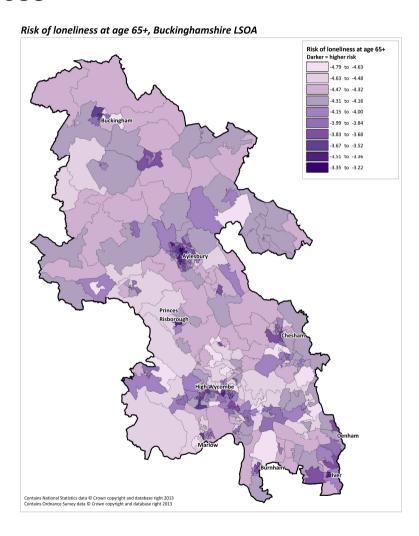
# Mental health admissions – working age group



# Older people

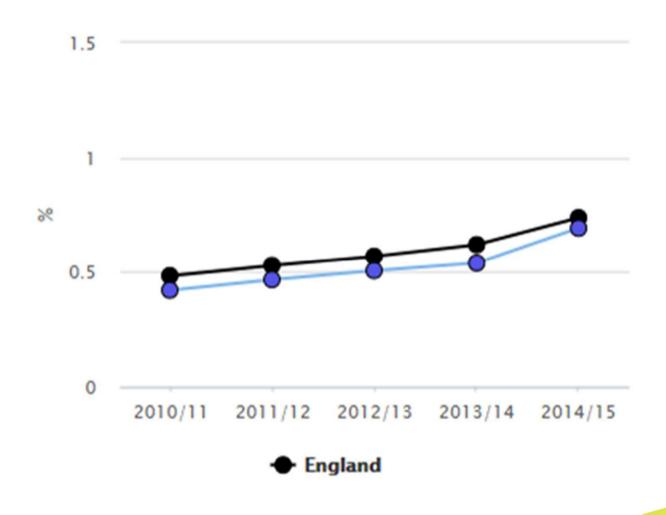
- Around 1 in 10 people aged 65 and over are frail, rising to between 25% and 50% of those aged 85 and over.
- In 2015, this would equate to **9,700 frail older people** aged 65+, rising to **12,000 in 2025**.
- In Buckinghamshire, an estimated **7,000 people** aged 65+ have dementia and this number is expected to rise to more than **8,000 in the next 5**years
- 23% more people aged 85 and over die in the winter months in Buckinghamshire, which is higher, but not statistically different, than England and South East averages
- Frailty and disease <u>not</u> an inevitable part of ageing as intervening in midlife can prevent dementia and frailty in later life

#### Loneliness



 Darker areas = higher risk of loneliness

# Recorded prevalence of dementia in Buckinghamshire



# Thank you

- Any questions?
- JSNA
  - http://www.healthandwellbeingbucks.org/s4s/WhereILive/Council?page
     Id=2098