

<b>Title</b>	JSNA Update and Proposed Way Forward
<b>Date</b>	March 2019
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### **Purpose of this report:**

The Buckinghamshire Health and Wellbeing Board oversees the statutory requirement for local authorities and clinical commissioning groups to prepare a Joint Strategic Needs Assessment.

The HWBB set up a JSNA Development Group in 2015 to refresh the process for the JSNA, and it was agreed that going forward the JSNA will continue as an iterative process with a rolling programme of updates.

Following the implementation of this approach for the last 3 years, the JSNA content and process has been reviewed by the Development Group with the ambition of streamlining the content and ensuring it continues to be aligned to the system priorities during a period of organisational change.

The update on current JSNA progress and a proposed way forward are included for Health and Wellbeing Board members to consider.

### **Summary of main issues:**

The role of the JSNA is to assess the current and future health, care and wellbeing needs of our local community to inform commissioning decisions with the aim of improving the health and wellbeing of residents and reducing inequalities.

### **Current Progress on 2016-2020 JSNA**

- Chapters are assigned an author and Business Intelligence lead. These have been recently updated to reflect new organisational structures and priorities for system stakeholders.
- An online platform for the JSNA was developed in 2016.
- JSNA chapters have been published to the website over the last three years. There are currently around 50 chapters on the website.
- A housing and homelessness chapter is soon to be uploaded.
- Other information on the JSNA website includes local area forum profiles, CCG locality profiles and more in depth needs assessments.

### **Proposed Way Forward**

The current JSNA has over 60 chapters which makes it difficult for the Development Group to ensure high quality and timely content for each chapter. The Development Group therefore propose the JSNA should be streamlined to better reflect the key health and wellbeing priorities of Buckinghamshire as identified by the Health and Wellbeing Board and other key stakeholders.

The Development Group proposes that as chapters are updated, consideration is paid to combining similar chapters. This will reduce duplication and allow content to be updated more frequently. Where possible, chapter leads will abstract existing reports and insights to ensure JSNA content is up to date and minimise duplication of efforts.

One to two in depth needs assessments on key health and wellbeing topics will be conducted as part of the JSNA process each year. These will be abstracted into JSNA chapters.

A new streamlined chapter structure is proposed to ensure all chapters are similar in the type of content, similar quality and more focused resulting in high quality chapters. The proposed chapter structure is included in Appendix 1.

To support commissioners, stakeholders and residents of Buckinghamshire to quickly see the key health and wellbeing priorities, it is proposed there is an infographic summary for each theme of the JSNA (Population, Children, Adults, Older People and Healthy Lifestyles). Draft infographics are included in Appendix 2 for consideration.

**It is proposed that:**

- The Development Group will review the content of the JSNA as chapters are updated to streamline the content over the next 1-2 years.
- Where possible, needs assessments and other reports/insights will be abstracted into JSNA chapters to ensure JSNA content is timely and maximise resources.
- A new streamlined chapter structure will be implemented to ensure high quality and concise chapters are produced.
- Infographics will be available for the 5 key themes to facilitate a quick overview of current health and wellbeing priorities.

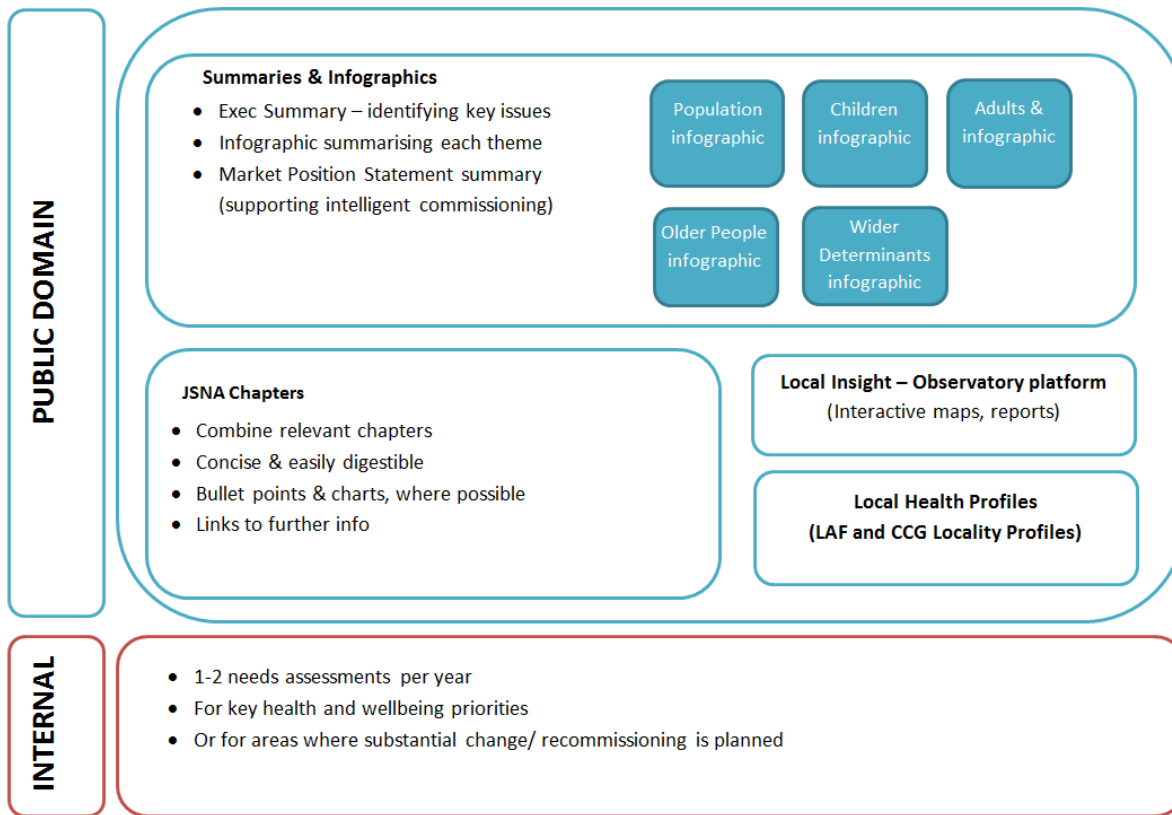
**Recommendation for the Health and Wellbeing Board:**

The Health and Wellbeing Board is asked to:

1. Note the current JSNA progress.
2. Note the proposed JSNA products and chapter structure in Appendix 1.
3. Note the proposed JSNA infographics in Appendix 2.
4. Agree the proposed plan for the ongoing development and delivery of the Buckinghamshire JSNA.

## Appendix 1: Proposed JSNA Products and Chapter Structure

### JSNA Products



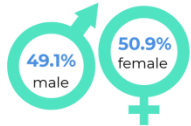
### Proposed JSNA Chapter Structure

1	Key bullets/ infographics/ links to relevant resources
2	Why this topic? Quick overview of importance
3	Who's at risk & why? (Inequalities, modifiable risk factors, ethnicity, SES)
4	Level of need (prevalence, rates, trends, mortality, morbidity). Comparison to others
5	Current services in relation to need
6	Unmet needs and service gaps (including resident view)
7	Recommendations for consideration by commissioners

Appendix 2: Proposed Infographics for JSNA Themes

THE BUCKINGHAMSHIRE POPULATION

There were **535,918** people living in Buckinghamshire in 2017



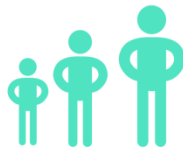
**23%** of Buckinghamshire residents are aged 0-18 years  
**18.6%** of Buckinghamshire residents are aged 65+

Life expectancy:

Men: **81.8 years** Women: **84.8 years**



Between 2016 - 2033, an estimated **40,720** extra homes will be built in Buckinghamshire



By 2033, it is expected there will be **67,426** additional residents in Buckinghamshire. The 90+ and under 18 age groups will make up a larger portion of the population



Between 2013 and 2015 **1 in 6** deaths for people under age 75 were preventable

The top three causes of death in 2016 for people under 75 were:



HEALTHY LIFESTYLES



In Buckinghamshire, there are **39,000** people who smoke



Nearly **2 in 3** adults are overweight or obese  
**1 in 4** adults are obese



**118,073 (28.6%)** adults in Bucks drink more than the recommended 14 units of alcohol per week



Children and young adults consume the lowest number of portions of fruit and vegetables. People with lower incomes are less likely to eat five portions of fruit and vegetables



There are approximately **2,700** diagnoses of sexually transmitted infections (not including chlamydia) each year



In Buckinghamshire approximately **one in seven** 15 year olds and **seven in ten** adults achieve the recommended levels of physical activity

WIDER DETERMINANTS OF HEALTH AND WELLBEING IN BUCKINGHAMSHIRE

Buckinghamshire is one of the most affluent local authorities in England. However:



Levels of deprivation vary across Buckinghamshire. The main areas of deprivation are around **Aylesbury Town, High Wycombe, Chesham and Burnham**



The average CO<sub>2</sub> emissions released per person from cars, lorries and vans was **50% higher** than the national average

**11.8%**

of people of pension age were living alone (2011). This is a risk factor for social isolation



Low level of crime with **43.1** crimes per **1,000** people living in Buckinghamshire



Rate of people living in temporary accommodation increased by **84%** between 2010/11 and 2016/17



House prices in Buckinghamshire range from **35%** higher (Aylesbury Vale) to **167%** higher (South Bucks) than the national average

## ADULTS IN BUCKINGHAMSHIRE



Cancers and circulatory diseases are the main causes of early death



In 2014/15 there were **24,925** people with diabetes in Buckinghamshire



Nearly 1/4 of the Buckinghamshire population have **two or more** long term conditions



Common mental disorders may affect up to **15%** of the population at any one time. This equates to **71,650** people aged 16 and over in Buckinghamshire



In 2014/15, **13,272** people were registered with their GP as having a cancer diagnosis.

On average, 1000 people are newly diagnosed with cancer every year in Buckinghamshire



The recorded prevalence of depression varies by level of deprivation

**9.1%** of people at the most deprived GP practices have depression

**7.3%** of people at the least deprived GP practices have depression



There are an estimated **5,870** adults with learning disabilities, aged 18-64 years



**12%** of adults (aged 16+) have identified themselves as informal carers (2011)



Around **10,700** residents were estimated to be frail elderly (2015)

There were **1,825** injuries due to falls in people aged 65+ years (2014/15). A rate of **1,928 per 100,000**

An estimated **7,000** people aged 65+ have dementia. This number is expected to rise to more than 8,000 in the next five years

## CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES IN BUCKINGHAMSHIRE



Approximately **10,000** children are living in low income households (2015)



At the first midwife appointment **27.2%** of pregnant women were overweight and **16.7%** were obese



**5989** babies born in Buckinghamshire (2014)



**139** babies were born with a low birth weight (2017)

**82.1%** of mothers initiated breastfeeding (2016/17)



**7.4%** of mothers were smokers at the time they delivered their baby (2017/18)



**8%** of women scored above the threshold for moderate depression at the six to eight week postnatal visit (2016)

It is estimated there are

**6,000**



children and young people aged 5-16 in Buckinghamshire with a mental health disorder



Nearly **3 in 4** children (73.9%) at the end of reception were assessed as achieving a good level of development (2017/18)



There are approximately

**2,000**

young carers residing in Buckinghamshire