

Joint Strategic Needs Assessment: Executive Summary for Sunderland 2007/2008

The Sunderland Joint Strategic Needs Assessment (JSNA) is being developed as a tool to inform effective commissioning, through an iterative process to ensure that all stakeholders can be involved, access local data and contribute to our understanding of local priorities and issues. The duty to undertake JSNA is set out in Section 116 of the Local Government and Public Involvement Act (2007), and the duty commenced on 1st April 2008. Our Health Our Care Our Say set out a new direction for improving health and well-being and identified the need for Directors of Public Health, Adult Social Care and Children's Services to undertake regular strategic needs assessments of the health and well-being of the local population. This supports the prioritisation of key health and social care issues and the planning of local services, underpinning the Sunderland Community Strategy and Local Area Agreement. The work needs to be undertaken for all stages of life: children, adults and older people.

There is an expectation that the JSNA should be underpinned by:

- Partnership working across the Council, NHS and other partner agencies;
- Community engagement: actively engaging with communities, patients, service users, carers, and providers including the third and private sectors to develop a full understanding of needs, with a particular focus on the views of vulnerable groups;
- Evidence of effectiveness: identifying relevant best practice, innovation and research to inform how needs could be best met.

A good JSNA should describe the future health, care and well-being needs of the local population and the strategic direction of service delivery to meet those needs. The JSNA will look ahead 3-5 years and provide opportunity to support and direct change required in local systems in order to:

- Reshape local services with local communities
- Reduce inequalities
- Increase social inclusion
- Maximise value for money

CURRENT POSITION

During 2007/08, the JSNA was developed from existing needs assessment carried out by different organisations and directorates. This included:

- The Director of Public Health's Annual Report and accompanying health monitor.
- a number of Demand Forecasting exercises that have been completed, including an analysis of the projected functional dependencies amongst older people to inform Adult Services planning,

whilst a range of consultations across the Council provides much qualitative evidence to inform services.

- Children's Services have also carried out a comprehensive needs assessment to underpin the Children and Young Peoples Plan, and have also had the description of area from the Joint Area Review.
- Independent Health Needs Assessments and Health Impact Assessments have been carried out which can also inform the prioritisation of health needs. These include a Lifestyle Survey due to be published in June 2008 which will add a valuable insight into the current health status of the population of Sunderland.
- The Department of Health also released a core data set, which is a resource that signposts users to a range of existing data sources that can assist the JSNA process. The dataset has been developed locally to take into account the set of indicators to support the Department of Health's key outcomes and the Local Government National Indicator Set for local authorities.

There has also been a range of stakeholder and consultation events which have helped to shape commissioning priorities. These include:

- Citizens Panel
- Community Development Plan Consultation
- Sunderland Strategy Consultation
- TPCTs Prioritisation Event for the Annual Operating Plan
- Bridging the Gap consultation event to inform the commissioning of services to reduce the risk of CVD
- Consultation with thematic groups in development of priorities for the Local Area Agreement
- Health Needs assessment as a key element within the Commissioning process (example of this would be in the development of services for stop smokon and obesity from which health needs assessment has been carried out to underpin service re-design, and new investment

However it is recognised that this process needs to become more systematic and have a more comprehensive way of engaging key partners and stakeholder. This will be a key priority to address in 2008/09

Key aspects of the profile for Sunderland

The key areas of work identified above have helped to shape the profile for Sunderland. The key data is included in the annex attached.

The data annex accompanying this summary gives an overview of demography, health and well-being and social care in the Sunderland

population. The data set supports the development of the JSNA for 2008 onwards. The data set has been put together jointly by Sunderland City Council and Sunderland Teaching Primary Care Trust.

Key Points – Demography

- The dependency ration of older people to working age people is set to rise from 16.5% in 2008 to 22.6% in 2025, higher than the North – East and England at all times.
- Projected changes see a dramatically increasing picture for the over 65's population, set to increase by 3.8% between 2006-8 then an increase of 23.3% by 2006-2015 (for 65-69 year olds). There is also an increase of 29.5% for over 85's from 4.5% 2006-2008. This equates to an increase of 13% in the over 65's in total.
- Following a downward trend in the number of births in Sunderland in the second half of the nineties the number of births has risen since 2001 and the projected trend is a rise of 6% by 2010 and 16% by 2015.
- There are 72 children per 10,000 in looked after care in Sunderland ranked 4th highest in the region with 50% obtaining GCSE's at grade A-C which is slightly lower than the North East average.
- Black and minority ethnic populations are increasing, but are still in relative small numbers in specific parts of the City.
- 3.4% of the population of working age are claiming job seekers allowance, higher than the North East average. In addition Sunderland has 25.9% of the proportion of the working population is economically inactive, ranked 5th highest in the North East.
- IMD (need more detail re SOA areas).

Key points – Social and Environmental Context

- Overcrowding /access to car (need details of SOA's).
- The overall employment rate for Sunderland is slightly lower than the average for the North East at 68.3%.

Current Known Health Status – Children

- Although Sunderland's infant mortality rate is only slightly higher than the average for the North East which is lower than the England average, the percentage of low weight babies is significantly higher at 9.5% compared to 8.4% for the North East and 7.9% for England.
- Teenage conception rates are ranked 3rd highest in North East of England and while there has been a reduction of 11.3% between 1998 and 2005 a 55% reduction is required to meet the 2010 target.
- 23% of women still smoke at time of delivery (2006/07) although this has reduced from 38% in 2004/05, with breastfeeding levels at 39%.
- The average number of diseased, missing or filled teeth is higher in Sunderland than the North East and England average.

- The proportion of girls who smoke is higher than the average rate across England (23% of 14 and 15 year olds compared to 20%).
- The proportion of both boys and girls who consume alcohol is significantly higher than the England average (45% compared to 35% England average for 14/15 year old boys and 44 compared to 37% for 14/15 year old girls).
- The percentage of children who are overweight and obese rises from 15.6% overweight/12.6% obese among 4/5 year olds to 17% overweight and 21.4% obese for 10/11 year olds

Current Known Health Status – Adults

- Life expectancy. Although life expectancy is increasing the gap between Sunderland and England is not closing. On average people in Sunderland die 2 years earlier than the average for England. In addition for males there is a gap of 9.7 years between wards with the highest life expectancy and those with the lowest, and for females this gap is up to 8.8 years. There is also a gap of 9.6 years between the wards with the highest life expectancy compared with those with the lowest.
- The gap in all cause mortality rate between Sunderland and England has widened for both males and females between 199 and 2005 from 16.2% to 18.3%, with the gap increasing most for females (from 16.4% to 19.1%).
- Sunderland has seen a reduction in deaths from circulatory diseases and cancers. However although the gap has narrowed slightly between Sunderland and England from 30% to 26% of the England rate this is not enough to close the life expectancy gap.
- Sunderland has a higher proportion of people with a limiting long term illness with 24.0% compared to 22.7% for the North East and 17.9% for England.
- In addition the prevalence of people with a chronic disease is significantly higher than the north east average as measured on general Practice Disease registers. This is the case for circulatory disease, asthma, and chronic obstructive pulmonary disease (COPD) but not cancers or diabetes.
- Although it is recognized that the number of people with HIV is higher than the number of people with HIV receiving care the number of people receiving care is readily available. The North East has seen the biggest percentage increase in HIV infected people receiving care. However the crude rate of infections remains below the average for the North East.
- Falls. Falls is a major cause of ill health among older people, and the rate of falls in Sunderland is higher than that for Gateshead and South Tyneside
- Alcohol related hospital admissions in Sunderland are high and there is an upward trend. In relation to makes Sunderland is ranked 343 out of 354 Local Authorities where a rank of 354 indicates the LA with the highest rate. Among females Sunderland is ranked 334
- There is little reliable and readily available information on the number of people with mental illness. Many common mental health problems such as depression and anxiety are managed entirely within primary care, and

many people with these conditions may not even present to a health professional. The rate of hospital admissions due to mental health problems is, thus, not a good indicator of the prevalence of mental illness. The prevalence of certain long-term conditions within primary care is now measured by the NHS Information Centre as part of the Quality Outcomes Framework, but the mental health indicator only measures the prevalence of severe and enduring mental health conditions such as psychosis. Below are two proxy indicators of the prevalence of mental illness; the rate of claiming benefits or allowances due to mental or behavioural problems and the estimated prevalence of depression.

- The estimated prevalence of depression is high across Sunderland
- Dementia. Projections for people who are likely to have dementia in Sunderland show an upward trend for both males and females
- Adult participation in sport within Sunderland stands at 21.0%, however the percentage of women is much lower at 16.4% compared to 24.0% for males
- Smoking levels in Sunderland remain above the average for the North East and for England at 33.8% with estimated prevalence for some wards indicating levels of up to 45%
- Adult obesity levels are showing an upward trend. Community profiles indicated that obesity levels were 26%

Current met needs of the population adults and older people

- **PAUL completing**

Commissioning Priorities 2008/09

The current JSNA, including all of the needs assessments identified has underpinned commissioning decisions for the TPCT, the development of the Sunderland Strategy and the Local Area Agreement, and the commissioning priorities in the Children and Young Peoples Plan

Whilst some improvements have been achieved in improving health and addressing inequalities for children, we must be more focused in our needs assessment, planning and service delivery. This will require us to assist partners make use of health needs assessment, health impact assessment and health equity audit in service planning and delivery. Specific action will be required around:

- reducing further the percentage of women smoking during pregnancy by offering structured interventions and support throughout pregnancy and during the post natal period. Increased investment is being made into local services to support pregnant women to stop smoking
- increasing the numbers of mothers initiating breastfeeding through structured interventions and support from first ante-natal contact to after delivery and encourage them to breastfeed for longer by working to ensure Sunderland becomes a breastfeeding friendly city. Investment via

Choosing Health is moving forward to have a dedicated lead for breastfeeding to provide strategic direction to coin support of the children's commissioner.

- supporting the mental health and emotional well being of children and young people by increasing school and community based provision including peer mentoring and counselling services. This has been prioritised via the Local Area agreement and an increase in focus on emotional health and well-being is being carried out via Healthy Schools and the Child and Adolescent Mental Health Services.
 - significantly increasing multi-agency efforts to halt the increasing rate of childhood obesity with a particular emphasis on increasing physical activity, promoting healthy eating and providing family based interventions and support. The pathway of referral for child obesity is being reviewed and work has been commissioned to develop the capacity and market this pathway to support children and their families. This has been prioritised within the Local Area Agreement
 - developing a holistic approach to reducing risk taking behaviours (smoking, alcohol consumption, drug taking and risky sexual behaviours) The Risk and Resilience Board has been developed. Teenage Conceptions have been prioritised within the local Area Agreement
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- embed improving health and wellbeing as a key priority in Sunderland's Sustainable Community Strategy and Local Area Agreement, including an aspirational target for increasing life expectancy. This has been agreed and a comprehensive programme of work linked to CVD is being commissioned locally
 - commission a variety of smoking cessation services to double the number of adult smoking quitters and to specifically target wards with high levels of smoking and associated ill health. Increased investment has been identified to expand local services and further work identified to ensure services are accessible for black and minority ethnic communities
 - deliver a review of implementation of the alcohol misuse strategy including enhanced delivery of brief interventions in as well as ensuring a robust care pathway across all community settings using the widest range of service providers. Major investment is planned to improve alcohol treatment services.
 - implement a targeted range of early interventions across primary care teams and within community settings specifically aimed at men aged 40+ and post menopausal women at risk of cancer, coronary heart disease, stroke, chronic obstructive pulmonary disease and alcohol associated disease. Investment and engagement of clinicians and the public is underway to develop this area of work

- rapidly develop early intervention and treatment services for obese adults. New and extended services are being commissioned locally to meet the needs of overweight and obese adults
- develop mental health promotion and emotional wellbeing indicators for adults with a specific focus around harm minimisation in relation to suicide risk for women. A suicide audit has been carried out to inform further commissioning
- embed processes of Health Needs Assessment, Health Impact Assessment and Health Equity Audit with internal and external partner organisations to ensure resources are targeted appropriately and health inequalities are reduced.
- we need to commission and develop a comprehensive range of preventative services and support for people with dementia and their carers so that people with dementia can live in their own homes for as long as appropriate.
- we are overdue implementing the Older People's physical activity model which is sensitive to the needs of the most vulnerable as well as severity of chronic disease within the population to improve levels of physical activity amongst older leading to improved life expectancy, health and independence.
- we must continue to develop a multi-agency approach to the prevention of falls within the City including an action plan with stretching timelines.
- ensuring that all services are made as accessible to the older population as to other age groups through the adoption of health impact assessment and health equity audit as part of service development and review.
- there is a need to develop effective community-based rehabilitation services for people who have suffered a stroke. The re-habilitation services are being reviewed.

Commissioning Priorities 2008 onwards

The next stage of the JSNA will seek to further develop understanding of local needs. Key actions include. A JSNA Steering Group has been established to lead the development of JSNA across the City in a systematic and inclusive way. This group will also develop:

- An agreed approach to JSNA;

- A systematic method of reviewing the health and social care, and well-being needs of the population, leading to agreed commissioning priorities that will improve health and well-being outcomes and life chances, and reduce inequalities;
- Agreed planned programme for JSNA over three year cycle of Local Area Agreement.
- Agreed mechanism to inform commissioning arrangements, which will include appropriate consideration of financial implications;
- Longer term needs assessment to incorporate developments linked to the Local Development Framework, housing, employment to encompass all aspects of the Sunderland Strategy.
- Engagement of all key partners
- Link the work to area based needs assessment.
- Link JSNA to the development of social marketing techniques being developed.
- JSNA to underpin broader commissioning decisions – access to health care services, housing, local development framework, environment.
- Develop key links to other groups to underpin The Sunderland Strategy

Conclusion

The JSNA process during 2007/08 has resulted in key needs being identified across the City and has informed commissioning priorities. The aim for 2008 onwards is to develop this process as a more systematic and inclusive way to ensure that the health well-being and social care needs of people across the life course are met.

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