

## **HEALTH AND WELL-BEING BOARD**

### **16 NOVEMBER 2021**

## **JOINT STRATEGIC NEEDS ASSESSMENT**

### **ANNUAL SUMMARY 2021**

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#### **Board Sponsor**

Dr Kathryn Cobain

#### **Author**

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#### **Priorities**

Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes
Other (specify below)	

#### **Safeguarding**

Impact on Safeguarding Children If yes please give details	No
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Impact on Safeguarding Adults If yes please give details	No
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#### **Item for Decision, Consideration or Information**

Consideration

#### **Recommendation**

1. The Health and Well-being Board (HWB) is asked to note:
  - a) the wide-ranging consequences of COVID-19, and disproportionate impact on those most deprived in Worcestershire;
  - b) previous progress against Joint Health and Well-being Strategy (JHWS) indicators and need for careful selection of new JHWS indicators;
  - c) the proposed changes and direction of travel of the JSNA as a result of the LGA review; and
  - d) support exploring how a Worcestershire Observatory could provide a way forward

#### **Background**

2. The Joint Strategic Needs Assessment (JSNA) enables the health and wellbeing board, relevant members of the board and partners to understand and take steps to improve health and wellbeing across Worcestershire. The JSNA requires a collaborative and joined up approach, which is owned, developed and used by members of the HWBB.

3. Last year's JSNA annual summary focussed on the health impacts of COVID-19, which set out a very detailed assessment of these impacts, a theme which continues into this year's annual summary (see Appendices **A and B**).

4. Worcestershire generally has good health and wellbeing, with life expectancy and healthy life expectancy significantly better than England. Mortality across a number of indicators and measures are also much better in Worcestershire than England.

5. Despite this, there are some measures which are persistently worse than England including excess weight in adults, alcohol related admissions, breastfeeding initiation, smoking status in pregnancy, school readiness and hip fractures.

## **COVID-19**

6. COVID-19 has had far reaching impacts, but these have not been felt equally with those who are the *least* privileged *most* affected. For example, deprivation is linked to higher likelihood of a positive test, higher likelihood to die from COVID-19, and reduced likelihood to be vaccinated against COVID-19.

7. Furthermore, three key groups negatively affected by the pandemic nationally and locally are older people, those most deprived and children and young people.

8. COVID-19 has also exacerbated existing health inequalities such as those relating to:

- Pre-existing disease
- Risk of exposure
- Experience of lockdown
- Changes in provision or access to health, social care, and essential services
- Socio-economic status
- Socio-economic consequences
- Ethnicity.

9. One emerging impact of COVID-19 is the change in life expectancy at birth which has reduced across England. Reductions of up to 1.2 years are noted across Redditch, Wychavon and Wyre Forest for males and females, and Worcester City for females.

10. Mental health and wellbeing has worsened during the pandemic (such as anxiety, bereavement and grief, as well as the impact of long COVID), but is improving with restrictions easing. There are however wider impacts of the pandemic which are not fully known and may have significant medium-long term impacts. It is important to note that mental health issues have not been felt equally across Worcestershire.

11. Access to health services has been affected through changes to service provision and access to health seeking behaviours. Nationally in 2020, around six million fewer patients sought treatment than in 2019, which may affect future population need, particularly where treatment is preventative. This extends to lower rates of childhood immunisations and possible declines in screening programme uptake such as cervical screening.

## Review of previous HWBB strategy indicators

12. Indicators from the previous JHWS are provided in the accompanying presentation provided at **Appendix A**. Progress has been made across some domains such as ‘% of children classified as overweight or obese’, and ‘% of those in treatment who successfully completed treatment’.

13. Some indicators have shown a deterioration such as ‘% of physically active children and young people, and ‘alcohol related hospital admissions’, whilst a number of other indicators have remained either amber or green.

14. It is noted that a number of indicators had been discontinued during the time of the previous JHWS, and therefore, careful selection of indicators is needed for the new JHWS to ensure future relevance. Up to date local indicators in addition to national indicators are recommended.

## Local Government Association review and JSNA strategic direction

15. The Worcestershire JSNA was considered or commented upon as part of the HWB’s recent governance review, facilitated by the LGA. This highlighted a number of positive points including well researched, resonates with economic recovery and that the JSNA is good on specific topic areas. From the review, suggestions were made by the LGA to help the JSNA process develop further, including:

- increased district level input and analysis with data and intelligence from all partners;
- a stronger focus on wider determinants and an asset approach;
- creating a more living ‘asset-based’ resource to inform other strategies across the system;
- being the core assessment for Worcestershire, that is truly seen as a joint needs assessment, rather than selective areas of health needs assessments;
- to be recognised as the one overarching assessment for Worcestershire, whereby strategies and plans flow from this; and
- to ensure there is clear alignment between the refreshed JHWS and the Integrated Care Strategy flowing from the JSNA.

16. To this end, a Worcestershire Observatory is proposed to form the basis of response to LGA recommendations (as shown in slide 16 of Appendix A). It is recognised that no single organisation can make this a successful endeavour and re-commitment from HWB to collaborate on the JSNA is essential. The existing JSNA working group will continue to operationally drive the JSNA forward, whilst refocusing on local need, incorporating qualitative insight, establishing more self-service data tools, and using automation where possible will begin to reframe the Worcestershire’s JSNA offer. Strengthening of links between the JSNA and emerging population health management approaches also present new opportunities to do things differently in Worcestershire.

## **Legal, Financial and HR Implications**

17. There are no legal, financial or HR implications arising from this report. Any future financial implications with regard to procurement of a new self-service data system will be considered by Worcestershire County Council as required.

## **Privacy Impact Assessment**

18. There is no required privacy impact assessment at this stage.

## **Equality and Diversity Implications**

19. An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

## **Contact Points**

### County Council Contact Points

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### Specific Contact Points for this report

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## **Supporting Documents**

- JSNA annual summary 2021 presentation (**Appendix A**)
- JSNA annual summary 2021 (**Appendix B**)  
(Both documents available in colour on the websites)

In the opinion of the proper officer (in this case the Director of Public Health) there are no background papers relating to the subject matter of this report.