



**AGENDA ITEM: 5(m)**

**CABINET: 18 JANUARY 2011**

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**Report of: Executive Manager Community Services**

**Relevant Portfolio Holder: Councillor A Fowler**

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**SUBJECT: JOINT STRATEGIC NEEDS ASSESSMENT**

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Wards affected: Borough wide

**1.0 PURPOSE OF THE REPORT**

1.1 To inform Members of the Joint Strategic Needs Assessment for West Lancashire and to detail the implications for the Council

**2.0 RECOMMENDATIONS**

2.1 That the Joint Strategic Needs Assessment for West Lancashire be noted.

2.2 That the Joint Strategic Needs Assessment be used when relevant work programmes are developed.

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**3.0 BACKGROUND**

3.1 A Joint Strategic Needs Assessment (JSNA) is defined as a process to identify and understand the current and future health and well being needs of a local population, leading to improved outcomes and reductions in health inequalities. It takes into account existing services and evidence of effectiveness, and informs the strategic direction of service commissioning and delivery. It is a partnership duty which involves a range of statutory and non-statutory partners, informing commissioning and the development of appropriate, sustainable and effective services.

3.2 In 2007 the Local Government and Public Involvement in Health Act placed a duty on upper-tier local authorities and Primary care Trusts (PCTs) to undertake JSNAs. In addition, from 1st April 2008 JSNA became a statutory duty for

directors of Adult Social Services, Public Health and Children and Young People's Services.

- 3.3 In April 2007 representatives from Lancashire County Council, Central, East and North Lancashire PCTs held a scoping meeting to agree an approach to the development of a Lancashire-wide Strategic Needs Assessment. It was agreed that the Lancashire JSNA would be a live document based on an agreed data set that would be detailed enough to be analysed at a ward, district or county-wide level.
- 3.4 The core data set is now available via the Lancashire Profile website and updated on a continual basis by the intelligence teams from each organisation. Partner organisations all have ready access to the data to allow them to produce JSNAs that are relevant to their own populations.
- 3.5 Lancashire's JSNA is seen as a process rather than a document, so that the most up-to-date information is available as widely as possible to inform decision making.
- 3.6 The philosophy of the JSNA approach is that it will:
  - Inform important decisions about how resources are targeted across Lancashire and ensure they are used effectively.
  - Make data freely available for all to use and to empower all to use that data.
  - Build capacity and help change the culture of commissioning health and wellbeing related services.

#### **4.0 CURRENT POSITION**

- 4.1 Through NHS Central Lancashire, a JSNA was completed for West Lancashire in July 2009. It is a detailed assessment, which identifies issues of current and future need of the population of West Lancashire.
- 4.2 The document provides clear intelligence on the current and future health and wellbeing needs of all sectors of the population to inform commissioning plans and strategies. The scope of this first JSNA is necessarily broad as it provides a baseline overview of population and health trends, both actual and predicted. It also considers the effect these will have on the need for reconfiguration or development of local services, for example maternity services, services for the elderly, school places, employment opportunities or housing availability.
- 4.3 The Assessment relates to local determinants that then impact on health and health inequalities. These include:
  - Statutory homeless
  - Physically active children
  - Smoking in pregnancy
  - Breast feeding
  - Binge drinking adults
  - Healthy eating adults
  - Childhood poverty

- Over 65's 'not in good health'
  - Hospital stays for alcohol-related harm
  - Road injuries and deaths
- 4.4 The Assessment is seen as a means of influencing and informing how future services are planned and delivered. And the impact this will have on improving health and wellbeing in West Lancashire.
- 4.5 The Assessment identifies that, in order to address these inequalities, NHS Central Lancashire, Lancashire County Council and this Council need to align the evidence presented in this first JSNA into their commissioning and investment strategies and plans.
- 4.6 However, in a time of budget restraint, there has been a lack of available funding to allow such commissioning and investment by Local Authorities and the chances of attracting additional funding have significantly reduced. As a result, it is essential that the Council is able to better target its existing resources to these areas, thereby supporting improvements to health and reducing health inequalities in West Lancashire
- 4.7 The Council currently works with NHS Central Lancashire and Lancashire County Council at a range of different levels and areas, including through the West Lancashire LSP Health and Wellbeing Thematic Group. Indeed, the Chairman of that Group is the Council's Portfolio Holder for Community Services.
- 4.8 Very recently, on 30th November 2010, radical plans to change the way public health services are delivered have been unveiled.
- 4.9 A Government white paper 'Healthy Lives, Healthy People' was published, in which it was announced that a new body, Public Health England, will be created to give more power to local people over their health, whilst keeping a firm national control on key population-wide issues such as flu pandemics.
- 4.10 The white paper envisages Local Government being the key local strategic partner for health with a Director of Public Health as a strong central support to this.
- 4.11 It is seen that Directors of Public Health will be employed in upper tier Councils and government will require them to lead local public health efforts, a role which can be shared with other local councils if agreed locally.
- 4.12 Exactly how this will be developed in two tier Council areas is currently unclear.

## **5.0 ISSUES**

- 5.1 The Assessment for West Lancashire highlights a number of important areas of health and wellbeing needs. These include:
- A predicted rise in the percentage of older people by 2020. In particular, the number of people in the 80-84 age group is set to rise by 48%. This increase

will require an expansion in age appropriate health, housing and social care services as this group is more likely than any other to require extra support.

- At the present time there are more than 3,900 people over 75 living alone in Central Lancashire, a figure predicted to rise to more than 5,600 by 2020. Also, 803 people over 75 years live in local authority and non-local authority care homes and, if demand for such places increases at the current rate, there will be a need for over 1,248 care home places by 2020. These increases are also likely to require similar extra support.
- Domestic fuel price rises over recent years have brought more people into fuel poverty. Latest estimates indicates that there may now be 8,094 households in West Lancashire in fuel poverty. The implications of fuel poverty are wide. Poor diet and poorly heated homes will impact on respiratory and cardiac health creating additional demands on primary and secondary care services and increasing the risk of a greater number of excess winter deaths.
- Consumption of alcohol – recent research indicates a high prevalence of binge drinkers in certain age groups, particularly in the Skelmersdale area.
- Poor diet - recent research also indicates a high prevalence of poor diet in certain age groups, particularly in the Skelmersdale area, where females aged 55-64 years had the highest prevalence. In particular, 18-24 year old males had the highest prevalence of poor diet.
- Obesity - recent research also indicates a high prevalence of obesity in certain age groups, particularly in the Skelmersdale area where females aged 55-64 years had the highest prevalence.
- Tobacco use - recent research also indicates a high prevalence of smoking in certain areas, particularly Skelmersdale. Although smoking has reduced recently in the light of the new Smoke Free legislation, there is concern that it may be set to increase again.
- Socio-economic factors – the Assessment highlights that Socio-economic and health inequalities do exist between districts, wards and neighbourhoods. It also highlights that West Lancashire has 18.8% of its neighbourhoods in the 20% most deprived nationally.
- Community Health Profiles - The 2009 Community Health Profiles from the Association of Public Health Observatories were used to compare 32 health indicators across England. West Lancashire scored significantly worse than the England average for many of the indicators, including deprivation, childhood poverty, violent crime and teenage pregnancy, smoking in pregnancy, breast feeding, binge drinking, over 65s 'not in good health', hospital stays for alcohol related harm and road injuries and deaths.

5.2 The Assessment also highlights key implications for the health and social care of the population of West Lancashire include:

- Many of the causes of poor health and premature death outlined in the report are distributed unequally across the PCT 'footprint'. This is also true of some elements of service uptake and outcomes. To address these inequalities, NHS Central Lancashire, Lancashire County Council and West Lancashire Borough Council need to align the evidence presented in this first JSNA into their commissioning and investment strategies and plans.
- The West Lancashire JSNA will be an evolving evidence-based document with an expanding core data set that will be updated annually. It will have strong links to the Lancashire JSNA and will support co-ordinated evidence-based commissioning across the health economy.
- It is important that this Council is committed to working with the NHS Central Lancashire to promote health and wellbeing in West Lancashire and the JSNA will have a significant impact on that work.
- This process and the JSNA should assist in identifying gaps, looking for opportunities for new and enhanced collaboration and the Assessment also highlights key implications for the health and social care of the population of West Lancashire include identifying the fair allocation of resources to meet existing and future health and wellbeing needs.

5.3 During 2010-2011, a wide range of activities are being undertaken by the Council, in relation to the areas described. Such activities include:

- Healthy eating initiatives:
  - Awareness raising talks to schools at Keystage 2 level.
  - Encourage more food businesses to participate in the Recipe 4 Health Award scheme, which promotes safe and healthy eating.
  - Provision of new CIEH Food and Nutrition training courses for companies, organisations and individuals.
  - Awareness raising talks to sheltered housing units in relation to the prevention of Listeriosis.
- Smoking and tobacco control:
  - Continuation of monitoring work in relation to the Smoke Free legislation.
  - Participation in the Central Lancashire Tobacco Control Alliance.
  - Signposting of organisations and individuals to the NHS Central Lancashire Stop Smoking Service.
- Alcohol control:
  - Leading the West Lancashire Multi-Agency Licensing Team (MALT), encouraging a multi-agency approach and developing robust strategies and services to reduce the harm caused by alcohol.
- Air quality:

- Environmental protection monitoring and enforcement work with a view to improving the air quality in West Lancashire.
- Physical activity:
  - Wide range of activities being undertaken by the Council's Leisure Services to encourage physical activity.
- Signposting:
  - To Health trainers and other organisations.
- Fuel poverty:
  - Achieving reductions in energy use by the Private Sector Housing Service encouraging and facilitating home owners to obtain insulation grants.

5.4 This is mirrored in other areas of work which the Council undertakes, including services relating to Leisure Provision, Housing, Youth Services, Community Allotments and the Children's Trust.

## **6.0 PROPOSALS**

6.1 It is important that this Council uses the information contained in the Assessment to inform its decisions about how these and other future services are planned and delivered, and how they will impact on improving health and wellbeing outcomes.

6.2 At this time of financial restraint, it is essential that the Council is able to better target its existing resources to these areas, thereby supporting improvements to health and reducing health inequalities in West Lancashire.

6.3 As an example, in addition to continuing the activities being undertaken in the current financial year, as detailed above, during 2011-2012 it is proposed that a Workplace Health Initiative be developed, which will target a significant number of needs identified in the West Lancashire JSNA.

6.4 The Workplace Health Initiative will cover the following areas:

- Healthy eating and nutrition
- Health & safety in the workplace
- Recipe 4 Health (with Lancashire CC Trading Standards)
- Physical activity (with WLBC Leisure Services)
- Smoking (with NHS Central Lancashire Stop Smoking Service)
- Health Works Award Scheme (with NHS Central Lancashire Public Health Team)
- Alcohol abuse (with NHS Central Lancashire Public Health Team)

6.5 The areas relating to Healthy eating & nutrition, Health & safety in the workplace and Physical activity would be undertaken by this Council. Other areas will be

undertaken with our partners at NHS Central Lancashire and Lancashire County Council.

6.6 The Initiative would provide a means of access to a large number of people of working age, who could be offered the opportunity of receiving help, advice and support on a wide range of health-related issues.

6.7 The Workplace Health Initiative would be able to target and address the following specific needs identified in the JSNA report:

- Poor diet
- Obesity
- Tobacco use
- Consumption of alcohol
- Health inequalities

6.8 The initiative would involve all areas of the Borough but focus mainly on the Skelmersdale area where issues have been identified in the JSNA report.

## **7.0 SUSTAINABILITY IMPLICATIONS/COMMUNITY STRATEGY**

7.1 Issues raised in the JSNA for West Lancashire have significant implications in working towards improving the health of the local communities within West Lancashire.

## **8.0 FINANCIAL AND RESOURCE IMPLICATIONS**

8.1 Assessment of the implications of the JSNA and the work being proposed above will be met from existing budgets.

## **9.0 RISK ASSESSMENT**

9.1 The Assessment relates to local determinants that then impact on health and health inequalities. These issues need to be addressed if the Council is working towards its aim of improving the health of the local communities within West Lancashire.

## **10.0 CONCLUSION**

10.1 The Assessment is seen as an important means of influencing and informing how future services are planned and delivered, and how they will impact on improving health and wellbeing outcomes.

10.2 It is important that this Council is committed to working with Lancashire County Council and NHS Central Lancashire and indeed any future organisations who take on NHS Central Lancashire's role, to promote health and wellbeing in West Lancashire.

10.3 There is a need for better targeting of resources to address the needs identified in the Joint Strategic Needs Assessment and this can be done by using the Assessment when relevant work programmes are developed. This will support improvements to health and reducing health inequalities in West Lancashire.

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### **Background Documents**

The following background documents (as defined in Section 100D (5) of the Local Government Act 1972) have been relied on to a material extent in preparing this report.

<u>DATE</u>	<u>DOCUMENT</u>	<u>FILE REFERENCE</u>
July 2009	West Lancashire Joint Strategic Needs Assessment	
28 July 2010	West Lancashire Health Profile 2010	

### **Equality Impact Assessment**

There is no evidence from an initial assessment of an adverse impact on equality in relation to the equality target groups.

### **Appendices**

None