



Review of health needs across Sandwell

Joint Strategic Needs Assessment 2008

Sandwell JSNA V6

www.webwell.org.uk/JSNA

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Forward

This is the first Joint Strategic Needs Assessment produced for Sandwell in response to the requirements of section 116 of the Local Government and Public Involvement in Health Act. More significantly it is probably the first time that the health status of the population of Sandwell has been set out comprehensively in a single document in a way that enables comparisons with other similar areas of the country and also includes information on the underlying determinants of health such as educational attainment, housing standards and employment.

Whilst the information itself may not be new it is drawn from a number of different sources across several organisations. The power of the document is in presenting the information together in a single summarised form and in a way that allows linkages to be made between cause and effect.

It is imperative now that this document is owned by all the participant organisations and used as a means of prioritising and focussing action to address the health issues and inequalities identified in it.

We are fortunate, I believe, in Sandwell in having an active and committed partnership representing all the key agencies and the public we serve. The challenge implicit in this document is for us now to use that partnership to deliver a healthier and better Sandwell.

Richard Nugent
Chair of Health and Well Being Board and Sandwell PCT

Acknowledgements:

This review of health need has been brought together by a partnership of organisations listed below



Public Health

Drug and Alcohol Action Team



Children and Youth Services

Adult and Community



Summary

The JSNA has attempted to draw together data on health and on the determinants of health based on the 8 priority areas of the Sandwell Plan. Many of the early messages are confirming what we already know about Sandwell:

Key points

- Sandwell 14th most deprived local authority in England
- Population will grow slowly over the next 20 years by 5.5% to 309,000
- Sandwell is aging but not as fast as England, over 65s will increase by 13% by 2025 compared to 30% nationally. We need to develop techniques that provide commissioners with the evidence they need to ensure their plans are fit for the future.
- We have a growing ethnic population, by 2025 people from Black and Minority Ethnic populations will make up 30% of the population. These populations have different health needs that are not fully understood.
- The health of Sandwell is improving, but not as fast as England.
 - Men are now living 2.8 years longer than they did in 1991-3, and women are now living 1.3 years longer (Figure 4:1). However, they are both falling behind the rest of England. The gap for men in life expectancy in 1991-3 was 2.1 years it is now (2003-5) 2.5 years.
 - For women the gap has grown even wider from 1 year to 1.7 (Figure 4:2). Sandwell has the 14th lowest life expectancy of any local authority in England for men and 25th lowest for females.
- Across Sandwell there is a wide variation in life expectancy.
 - A man in Tipton can currently expect to live to 73, whilst one living in Oldbury Town can expect to live to 76.5, three and a half years longer. For a woman the difference is even greater.
 - A woman in Tipton can currently expect to live to 78.2 years, whilst one in Oldbury Town can expect to live to 82.2 years a difference of 4 years (Figure 4:3).
- Main killers remain Circulatory disease (CHD, Stroke), Lung Cancer, and COPD, however deaths from Alcohol are increasing.
- We are not seeing the same speed of improvement in the reduction of deaths under 75 for Circulatory Disease and Cancer compared to rest of England.
- Smoking, obesity, exercise and alcohol all remain significant causes of ill-health.
- Infant mortality remains stubbornly 50% higher than the national average at 7.8 per 1,000 live births

- The PCT and Local Authority are the third largest employment sector and therefore need to strive to continue to demonstrate best practice in healthy workplaces and provide employment opportunities and attract skilled workers to live in the area.
- If we are to change the pattern of ill-health across Sandwell, the population will have to be convinced to change their lifestyles, something they have been reluctant to do in the past. The PCT is therefore undertaking to change how it communicates its health messages and putting in place a social marketing strategy to improve the effectiveness of its health messages.
- Many of the lifestyle habits that come to plague adult health are made whilst a child. It is therefore important that we strive to give children the best start in life. Opportunities for a substantial number of children remain stilted and a marker of this teenage pregnancy remains high despite real improvements in educational attainment in the last few years.

There is still much work to be done looking at the relationship of the different factors and to identify the areas of greatest need. A series of more in depth joint needs assessments are proposed looking at in particular:

- Ethnic populations
- Vulnerable people and housing
- Younger people

The process of writing the JSNA has already identified a number of key recommendations for the Health and Well Being board and the Partners to consider:

Recommendation 1

The JSNA process should be accountable to the Health & Well Being Board.

Recommendation 2

The JSNA process should be iterative, built upon a cycle of review, reflection and amendment. The JSNA should be underpinned by questions in each planning cycle by the HWB.

Recommendation 3

The JSNA requires a strategy on how it updates its information, ensuring that this has an acceptable evidence base. This should be informed and delivered by a partnership strategic intelligence board (PSIB) with lead officers from at least Health, Housing, Adult's Services, Children's Services, Planning, Leisure, and Culture, SWBHT and BCMHT and Research Sandwell.

Recommendation 4

The JSNA will underpin the Health and Well Being Commissioning Strategy, a framework of which will come to the next HWB in July. Each partner will need

to make a decision about where the JSNA fits into their own commissioning cycle and how the resource will be shaped and used. PCT is addressing the JSNA findings through the commissioning strategy development process that is currently underway.

1 JSNA

Section 116 of the Local Government and Public involvement in Health Act introduced the statutory requirement for a Joint Strategic Needs Assessment (JSNA) to be produced by each Local Authority and Primary Care Trust (PCT). The JSNA is expected to “describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to help meet those needs”. Directors of Public Health, Adult Social Services and Children & Young People’s Services are jointly responsible for the development of the JSNA. Its key features are:

- **Joint:** a key element of the JSNA is that it should involve all the stakeholders in identifying needs and acting upon them. Crucially the JSNA provides a new framework for health and social care to work in partnership to identify the needs of the population they serve and to work together in commissioning services to meet those needs.
- **Strategic:** the JSNA should identify those needs and service requirements that are most relevant and important to its population. The needs assessment process should provide health and social care organisations with an evidence based identification of the key needs of its population and should therefore define the strategic direction in its commissioning of services. This strategic direction should consider both today’s and future health and social care needs.
- **Needs assessment:** there are many definitions of needs assessment. In order to identify health and well-being needs the assessment process should make use of existing information, identify information gaps and should include the views of service users, patients and the population. Importantly the needs assessment must include outputs that can be translated into actions for the commissioning and delivery of health and social care services, health improvement and well-being programmes and other interventions. The process should consider social inclusion and should identify inequities and inequalities in health and well-being and in current service delivery.

The JSNA is being prepared by a project board consisting of senior representatives from the Joint Commissioning and Programme Delivery Division (Children and Young People), Adult and Community Services, Joint Policy Unit and the PCT. It is supported by Research Sandwell.

It is envisaged that the JSNA will develop into an ongoing process of joint review of the health and social care status and needs of the population. It is intended that there will be a series of outputs from this process.

1.1 The approach

A workshop was held in September 2007 kicked off the JSNA in Sandwell and established the process and the project team. The recommendations of the workshop were:

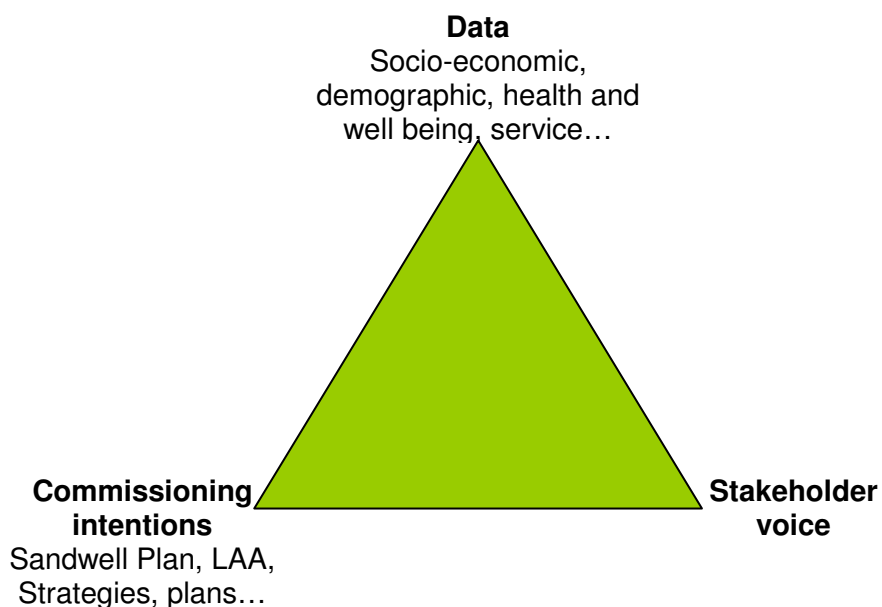
1. To start the data collection and analysis in particular looking at the population projections.
2. To establish a process for agreeing priorities and use the LSP themes.
3. To engage widely

A five stage approach is being adopted locally that incorporates these recommendations that will:

1. **Summarise** the current knowledge on the health, care and well-being needs of the local population to include the results of consultations where available
2. **Review** existing strategies and plans for action where necessary
3. **Present** our findings to those people with responsibility for making key decisions on expenditure priorities
4. **Engage** local communities and stakeholders to ensure that our priorities are the right ones and people are taking responsibility for their health improvement
5. **Re-prioritise** our programmes of action in light of the evidence of need and of the effectiveness of interventions available to address this, and the aspirations of local people

The approach is based the need to triangulate our analysis of the data against the plans already in place and the needs of our population. If we miss out one of these elements then the priorities identified might be those that are not needed and not demanded rather than those that are needed and demanded.

Figure 1:1 The triangle of Data:Intention:Voice



Progress

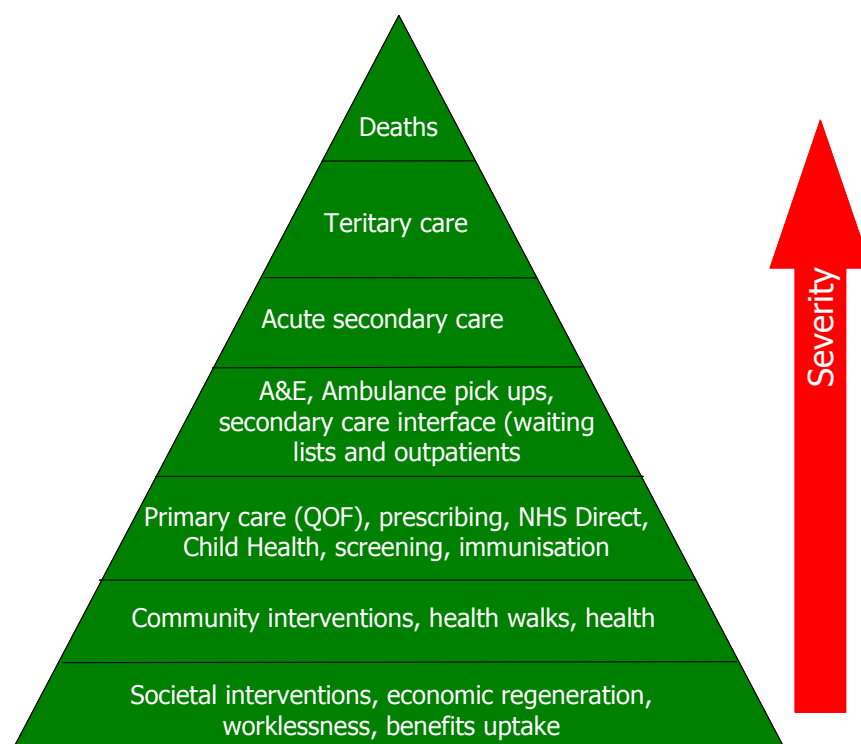
Step 1: Summarise

A detailed assessment into the current health and social care status and needs of the population is being undertaken and will be ready for the 1 April. Where possible this is building in consultation responses from the public. Throughout the review there will be clear links to the relevant strategy or plan. The review will be structured in 8 sections that parallel the Sandwell Plan and LAA:

1. More and Better Homes
2. Improving Health
3. Supporting Independence
4. Reduce High Volume Crime
5. Children Having a Good Start in Life
6. Successful Young People
7. Cleaner, Safer Active Communities
8. More People in Employment

Throughout the review of the health needs we are looking to populate our knowledge of the Sandwell based on collecting data at all levels

Figure 1:2 Health Pyramid



Next Stage

Step 2: Review

Following the conclusion of the assessment it will be disseminated to the service leads and responsible directors for them to reflect on how the findings compare to their published commissioning intentions. A template will be produced to capture their response to the findings. This is expected to be completed by the end of April.

The collated responses will be reviewed by the project team and any additional analyses undertaken.

Step 3: Present

The resultant document will then go forward to the Health and Well Being Partnership board (19 May 2008), PCT Board, and the Health and Older Peoples Overview and Scrutiny committees. This should happen in May/June.

Step 4: Engage

Before we set the priorities we need to ensure they met the population's needs and therefore a series of consultation events will take place during May/June/July.

Step 5: Re-prioritise

Based on the assessment, strategy review and the results of the consultation a series of priority issues will be produced. Each recommendation will be underpinned by supporting evidence presented in the relevant section. These recommendations will inform and direct the future commissioning and service development for health and social care by both organisations. Many of these may already form parts of current strategy whereas others might require a re-focusing of intentions. These will be published at the end of July.

The JSNA process will continue beyond this date as it is likely that gaps will remain in our knowledge due to resource and information constraints. Also there will be a need to monitor progress towards addressing the priorities identified. A process of ongoing review will be developed between the PCT, Adults and Communities and Research Sandwell.

1.2 Publication and supporting data

The JSNA is to be published on line at www.webwell.org.uk/JSNA. On this site in addition to the data presented in the report being available further spreadsheets go into greater detail by Town, Ward and Practice where available.