



JOINT STRATEGIC NEEDS ASSESSMENT OVERVIEW REPORT – ANNUAL UPDATE 2012 (DRAFT)

Introduction

2011 saw the publication of the Joint Strategic Needs Assessment (JSNA) Overview Report. This report signified several major changes in the way that Lincolnshire's JSNA was compiled and presented; meaning that data could be viewed in a variety of ways.

The 2011 JSNA Overview Report also made the commitment to producing annual updates to be viewed alongside the most recent data sets. This document is the first of these annual updates and will provide an overview of key developments since the 2011 report. It needs to be read alongside the 2011 JSNA Overview document (Appendix B).

National updates

When the 2011 JSNA Overview Report was published, the Health and Social Care Bill was still before Parliament. In February 2012, it proceeded to the House of Lords and subsequently in March 2012 received Royal Assent to become the Health and Social Care Act 2012.

This Act highlights the importance to local partnerships of a JSNA as a starting point for the development of a local Joint Health and Wellbeing Strategy (JHWS) as well as assisting in local commissioning decisions. In Lincolnshire, the first draft of the JHWS is currently being consulted on. Once complete, this will be a five year strategy running from 2013/18.

Local Updates

Since the initial publication of the 2011 JSNA Overview Report, data sets for 14 of the 35 topic areas have been updated. The following sections take each of the areas in turn and examine any changes borne out of the data updates.

The 14 areas that have had full data updates since September 2011 are:

1. Breastfeeding (National initiation data)
2. Childhood immunisation (National rates)
3. Childhood obesity and weight problems (NCMP)
4. Chlamydia screening
5. Educational attainment (Foundation)

6. Educational attainment (Key Stage 4)
7. Falls (Hospital procedures – hip replacements)
8. Learning disabilities (Local data)
9. Looked after children (Local data)
10. Obesity (Adults)
11. Personalisation
12. Pregnancy and maternal health
13. Suicide (National stats ICHOD)
14. Young people in the criminal justice system (Local data)

Breastfeeding (National Initiation Data)

This indicator measures the percentage of women who put their baby to the breast in the first 48 hours after delivery. The updated data set for 2010/11 shows that Lincolnshire is very slightly below wider averages at 72.06%, compared with 72.65% regionally and 73.62% nationally. This data set also demonstrates that the gap between the national average and the regional and partnership average has grown over the 12 month period (from all three averages being within 1% of each other in 2009/10 to a 1.56% gap in 2012/11).

Childhood Immunisation

This data set consists of six indicators relating to various types of immunisations and the percentage of children that have received them by a particular birthday. Out of the six indicators, three have increased performance year on year and are above national averages and in line with regional averages, they are:

- % of children immunised by 1st birthday for Dta/IPV/Hib
- % of children immunised by 2nd birthday for Hib and MenC
- % of children immunised by 2nd birthday for PCV

Two of the indicators are showing year on year increases and are in line with national averages but slightly below regional averages, they are:

- % of children immunised by 2nd birthday for MMR
- % of children immunised by 5th birthday for DtaP/IPV

The only indicator which is performing below wider averages is:

- % of children immunised by 5th birthday for MMR

The latest data set (2010/11) shows performance for this indicator is 81.7% whereas the regional average is 86.7%. This does, however, demonstrate a slight improvement locally (up from 81% in 2009/10).

Childhood obesity and weight problems (NCMP)

This data relates to six indicators from the National Childhood Measurement Programme (NCMP) which measure children in their reception year at school and in year six. The 2010/11 data set shows something of a mixed bag of results for the county.

The percentage of children measuring as obese at reception reduced year on year in Lincolnshire and is equal to the national average but slightly higher than the East Midlands average. The percentage of children measuring as obese at year six has increased year on year in Lincolnshire and is higher than the national and regional averages, the worst affected area of the county is Boston.

The percentage of Lincolnshire children who were overweight at reception (as opposed to obese) increased year on year. This means that the county average was slightly higher than in the rest of the region or England as a whole where average levels of overweight reception age children went down year on year. The percentage of children measuring as overweight at year six has increased year on year in Lincolnshire going from being lower than regional and national averages by 0.45% to being higher by 0.7%.

Indicators relating to underweight children at reception and at year six both show that county averages are lower than regional and national trends.

Chlamydia Screening

This indicator is a numeric count of the number of individuals accessing services for Chlamydia screening; in Lincolnshire during 2010/11 this related to a total of 24,584 tests. No contextual information is available for this indicator to show how Lincolnshire compared to the regional or national uptake. This is because information from all partnerships across England has not been added together to show regional and national averages.

Educational attainment (foundation)

This indicator looks at the percentage of children achieving a good level of development across all foundation stage profile scales¹, i.e. those children aged between three and five years of age. Over the last three years Lincolnshire's performance against this indicator has risen from 47% in 2008/09 to 65% in 2010/11. This means that local performance has gone from being almost 10% below regional and national averages to 6% above these averages. This latest data indicates that three of the seven districts all achieved 70% in 2010/11 (North Kesteven, South Kesteven and West Lindsey). East Lindsey had the lowest percentage across Lincolnshire with 57% however this is an increase of 20% compared with the same district's performance in 2008/09.

¹ Full indicator description can be found at <http://www.research-lincs.org.uk/LROPresentationTools/UI/Pages/MappingTool.aspx?dataInstanceID=2347>

Educational Attainment (key stage 4)

This indicator measures the percentage of pupils achieving 5 or more GCSEs at grade C or above. Between 2008/09 and 2009/10 local performance saw an increase of almost 50% from 56% to 80%. The latest data shows a continued increase albeit at a steadier rate of change, from 80% to 84%. Local performance against this indicator generally sits about 5% above regional and national averages and this trend continues.

At a district level North Kesteven is the highest performing district at 89.79%, this is one of five districts that has seen year on year increases against this indicator. The two exceptions here are Boston and South Holland. For 2010/11 Boston was the lowest performing district at 72% this is an increase on 2009/10 scores but still less than in 2008/09. South Holland on the other hand saw its highest score in 2009/10 and experienced a very slight decline in 2010/11.

Falls (Hospital procedures – hip replacements)

This indicator measures the number of hip replacements per 100,000 people living in the county; it is taken as being a sub indicator of the falls topic. Generally the number of hip replacements being carried out in Lincolnshire is higher than averages seen regionally and nationally, this difference is likely to be due in no small part to the higher proportion of people aged over 65 living in the county.

Learning Disabilities (local data)

The source of this data is the Lincolnshire County Council Adult Social Care Directorate; it counts the number of people with learning disabilities aged 18 to 64 years receiving services in the community. Due to changing national data requirements, this indicator is relatively new and therefore there are currently only two years' worth of published data available (2009/10 and 2010/11). The latest data set shows that there has been very little change in the number of people in this group receiving community services.

Looked after children (Local data)

There are three data sets within this topic each of the three are shown as actual numbers and as percentages, the indicators are:

- Children looked after by home address (by LAD)
- Children looked after by placement address (by LAD)
- Children in need, open cases as a percentage of all 0-18yrs population

The data for regional and national averages is not available, nor is any historic local data. There is only 3 months' worth of information within this topic to date - therefore analysis is difficult. At a district level Lincoln has the highest proportion of open cases as a % of 0-18yrs population (4.58%) and North Kesteven has the lowest (1.34%).

Obesity (Adults)

This indicator shows the percentage of people aged 16 years and over who are registered with a GP and whose BMI is 30 or higher. Regional and national obesity rates are not available because the information from all partnerships across England has not been added together to show averages across England. Because this is a relatively recent way of collecting this information, local data currently only covers two years. This does, however, demonstrate that approximately one third of GP registered patients in Lincolnshire are obese, a trend which remained fairly stable between 2009/10 and 2010/11: the highest percentage was in East Lindsey and the lowest was in South Kesteven.

Personalisation

This topic contains two indicators; firstly the percentage of social care clients receiving self directed support and secondly the number of clients aged 65 years and over receiving community based services. The first of these indicators has risen year on year from 15% to 30% with no comparator data available. The second has seen a slight decrease from 12,935 to 12,844 (a reduction of 91 people). It is likely that the reduction against the previous figures and seen locally has been brought about since November 2011 when the Adult Social Care eligibility criteria changed, meaning that only those clients assessed as having substantial or critical needs continue to receive community services whereas clients assessed as moderate have had services withdrawn. Public Health Lincolnshire is aiming to mitigate any risks linked to this withdrawal of services by developing a wellbeing support network which will offer signposting, brief interventions and on-going support to people across the county according to their needs. This will include people who were assessed as 'moderate' by Adult Social Care.

Pregnancy and Maternal Health

This measure looks at the early access for women to maternity services (12-week maternity). The figure shown is % of births in contact at 12 weeks. There are currently only two years' worth of published data available (2009/10 and 2010/11), the latest data shows that there has been a 6% increase year on year (from 84.3% to 92.3%).

Suicide (National stats ICHOD)

This indicator looks at the rate of suicide and undetermined injuries per 100,000 population. Based on five years' worth of data, Lincolnshire's rate has been between 10.5% and 8.9%. Data for this indicator is grouped into two year periods. The latest data (2008 – 2010) shows that the Lincolnshire average is 9.73%, which is slightly higher than the regional and national average (7.41% and 7.96% respectively) but lower than the previous Lincolnshire average (2007 – 2009) of 10.01%.

Young People in the Criminal Justice System (Local data)

This indicator looks at the percentage of youth convictions which result in a custodial sentence. Over the five year period the rate of custodial sentences in Lincolnshire has risen from 2.1% in 2006/07 to 6.4% in 2010/11. The latest data set shows that the Lincolnshire average has exceeded the national average for the first time, with the national average being 5.6%. The reasons behind this local increase will be investigated further as part of the expert commentary update for this topic. This will be made available on the JSNA website.

Other Updates

In addition to the above topic areas the following 12 areas have also had some data updated since September 2011:

1. Cancer (Mortality rates)
2. Coronary heart disease (CHD deaths)
3. Diabetes (Prevalence)
4. Housing (Health profiles)
5. Life expectancy (National life expectancy statistics)
6. Mental health (Local data)
7. Physical activity (Active people survey)
8. Physical disabilities (Local data)
9. Smoking (4 week quitters)
10. Stroke (Stroke mortality)
11. Teenage pregnancy (Live birth rates)
12. Unpaid carers (Projected statistics)

At the time of writing, there was also work being undertaken to update the 'Special educational needs' topic area. Details of all of these topics can be found at <http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx>.

Alongside the updates to data mentioned above, topic owners have also been undertaking work to update the various Health profiles available on the JSNA, as well as refreshes which have taken place on external sources linked to various topics.

The topics which have had either their health profile or external resources updated over the last year are:

- Alcohol (Health profiles) <http://www.lape.org.uk/LAProfile.aspx?reg=e>
- Cancer <http://www.research-lincs.org.uk/UI/Documents/Lincolnshire%20HWB%20Cancer%20Profile.xls> http://www.research-lincs.org.uk/UI/Documents/Cancer_Information_Strategy-Final.pdf
- Drug misuse (Health profiles)

- Excess Seasonal Deaths (Health profiles)
<http://www.wmpho.org.uk/excesswinterdeathsinEnglandatlas/>
- Food and nutrition (Health profiles)
- Road traffic collisions (Health profiles)
http://www.apho.org.uk/default.aspx?QN=INJURY_DEFAULT
- Smoking <http://www.research-lincs.org.uk/JSNA-Smoking-Adults.aspx>

Further Improvements

In conjunction with all of the material changes to data and health profiles detailed above, the last year has also seen some alteration in the way we use all of our JSNA resources.

Asset Assessments: 2011/12 saw the initiation of an important piece of work around asset mapping across communities. Data derived from the JSNA childhood obesity data set has been used to define several wards in Lincolnshire which are similar in terms of their general make up but that are experiencing significantly different levels of obesity amongst their young people. By looking at the best performing wards in detail, focussing on the positive attributes of these areas it is hoped that best practice can be shared to a wider area.

CCG Profiles: Another key development across the wider JSNA in the last year has been the addition Clinical Commissioning Group profiles. This allows pre-existing information to be viewed by CCG boundaries to help identify met and unmet needs across these communities and facilitate commissioning decisions.

Website Toolkit Development: A Strategic Development Group (SDG) exists to drive forward the continuous improvement for the JSNA in Lincolnshire. This group is directly accountable to the SHWB for delivering a work programme which includes the further development of the JSNA as hosted by the Lincolnshire Research Observatory (LRO).

The initial development of interactive toolkits using JSNA data on the LRO website will be based on the existing 35 topic areas within the JSNA. There will be the potential, once these initial toolkits have been developed, to include further toolkits which will enhance the JSNA still further.

Data Set Review: Since the publication of the last JSNA Overview Report the Local Government Group released a document entitled 'Joint Strategic Needs Assessment: Data Inventory'. The data inventory is organised around the six domains and follows a simple pathway that starts with the population, runs through some of the factors that affect health and wellbeing, looks at health and wellbeing status and its impact on services. It ends with priorities for local action. These six domains are accompanied by two common themes that run through the whole document: local views and inequalities. Each domain in the inventory contains some questions that local partners may want to ask, these are followed by sections listing potentially useful information to help answer these questions.

Locally this document has been used to critically evaluate our current data set and to inform conversations within the partnership about how we can strengthen existing data sets and work to fill identified gaps in the JSNA data set.

Co-Production: One of the key strengths of the JSNA in Lincolnshire is the philosophy of co-production and shared ownership. This process is being solidified, further increasing the level of engagement and consultation of commissioners and other stakeholders into the development process to ensure that the JSNA is first and foremost a working resource across the Partnership. Initially the JSNA core data set has been reviewed against the commissioning cycle to try and assess where the current gaps lie from a commissioner's perspective. Commissioners from across the Partnership have been invited to feed their requirements into the development process to ensure commissioning intentions are informed by an accurate assessment of need.

Conclusion

The updates detailed above all serve to demonstrate areas of improvement across the topics in question. The data updates we have had, do not materially affect our assessment of Health and Wellbeing in Lincolnshire. As a result, there does not appear to be any evidence to support changes to the current JSNA priorities.

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