

**Refresh of Walsall Joint Strategic Needs  
Assessment (JSNA):  
Update on the progress of the JSNA refresh**

**Walsall JSNA Working Group  
August 2016**



**Walsall Council**

# Walsall JSNA Summary

## JSNA Background:

JSNA stands for Joint Strategic Needs Assessment. The JSNA is a programme, specified nationally but delivered at a local level by all NHS and upper tier local authorities. The duty to undertake the JSNA is set out in Section 116 of the Local Government and Public Involvement in Health Act (2007).

## Purpose of the JSNA Refresh :

- Bring the data up to date
- Reviewing findings, recommendations and actions in the light of the updated data
- Addressing gaps and omissions in the 2013 to 2016 Health & Wellbeing Strategy
- Review of the key performance dashboards in relation to the HWB Strategy priorities

## Benefits of the JSNA:

To improve the health and wellbeing of the local community and reduce inequalities for all ages. It is a continuous process of strategic assessment and planning. JSNA outputs, in the form of evidence and the analysis of needs and agreed priorities, are used to help to determine what actions local authorities, NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on the health and wellbeing of Walsall

## Health and Wellbeing in Walsall

The ultimate goal of prevention of ill health is not only to extend life expectancy but to extend the proportion of each life lived in a **healthy state**. Improving lifestyles, prevention and early detection of disease and robust, effective treatment of illness will contribute to this aim.

### Walsall Population Demographics

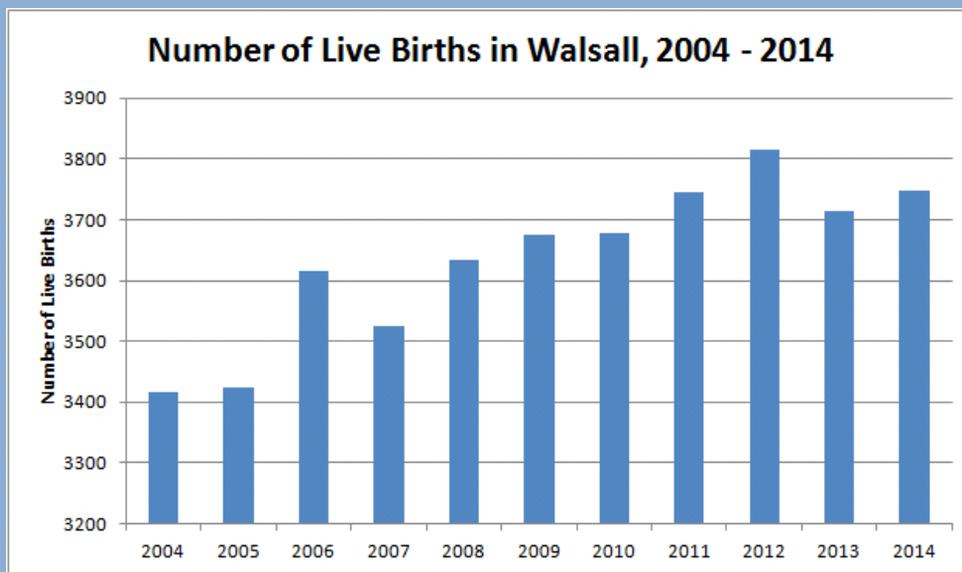
Walsall's overall population is predicted to increase over the next 10 years by 5.1% from 270,900 in 2012 to 284,700 in 2022. In addition to this, Walsall's older people population (those aged 65 and above) is predicted to increase by 13.8%, with the number of people 85 years and older increasing from 47,200 in 2012 to 53,700 in 2022. This increasing number of older people will put further strain on Walsall healthcare services and social care services in this financially challenging times.



## Health and Wellbeing in Walsall

### Walsall Population Demographics (continued)

The number of births in Walsall has also grown from 3,417 in 2004 to a peak of 3,816 in 2012. The growth declined in 2013 to 3,715, and increased in 2014 on par with 2011 figures to 3,748 – this is an increase of 8.8% during the 10 year. This increase will have an effect on the usage of local health and council services including early years settings and primary schools.



The latest child poverty figures for Walsall (2011) show that there were 16,145 children under 16 living in low income families – representing 29.2% of all children in the borough. This was above both the England average of 20.6% and the regional West Midlands average of 23.8%.

Deprivation and poverty in childhood lie at the heart of inequalities throughout life. The Government's 'New Approach to Child Poverty 2011' recognised that 'poverty can be such a destructive force because of its long-term grip on families and communities, holding them back generation after generation'. The ultimate outcomes of inequalities in wellbeing are improving life expectancy and healthy life expectancy.

Although improving in Walsall, both lag behind regional and national levels, and much needs to be done to narrow the gap between healthy life expectancy and life expectancy.



# Walsall JSNA Summary

## Children & Young People

### What has Improved?

A key element of Walsall's Early Help response is the delivery of evidence based parenting programmes.

To deliver objectives of Walsall Parenting Strategy (2106) Walsall has commissioned a suite of parenting programmes and trained over 300 professionals across the partnership to deliver either on a group basis or one to one with families. The suite includes universal, targeted and specialist parenting programmes.



### What has not improved?

Walsall Infant Mortality rate per 1000 live births is decreasing but has not improved as fast as other similar areas in the country.

### What has been added?

The Emotional Health of Children and Young People has been added alongside a Strategy. A toxic trio group is examining the issue of Alcohol misuse, Domestic Violence and Mental illness in Families – this is developing work.

## My Money, My Home, My Job in Walsall

**What has Improved?** The number of out-of-work jobseekers has fallen by 65% (from 10,340 Feb13 to 3,650 Feb16) with improvements in numbers of young people (18-24) in employment.

**What has Not Improved?** There has been an increase of 8% in the number of people claiming ill-health benefits (eg ESA) (from 12,190 Feb13 to 13,210 in Feb16).

### What has been added?

This section is being developed further to link with Walsall Economic Assessment and emerging West Midlands Combined Authority Economic Assessments and Strategic Economic Plan.



# Walsall JSNA Summary

## Creating healthy and sustainable communities



### What has Improved?

There has been a year-on-year increase in Active Travel (walking / cycling / scooting) for A\*STARS primary schools, now up **55.9%** in Walsall compared to a National average of **48%**.

### What has been added?

The Joint Strategic Needs Assessment has also tried to strengthen links with the Community Safety strategy and a Domestic Abuse Needs Assessment has been produced to inform commissioning.

## Improving Physical Health & Mental Wellbeing through healthy lifestyles

### What has Improved?

The smoking prevalence in Walsall has fallen from 21.5% in 2012 to 17.6% in 2015. The year 6 obesity rate has improved.



### What has Not Improved?

The percentage of Walsall residents taking part in recreational physical activity is 50.7% compared to an England rate of 56%.

## Reducing the burden of preventable disease

### What has Improved?

The number of Walsall people under 75 years dying from Coronary Heart Disease has fallen but is still higher than the regional and national average rates. There is a downward trend in the Walsall suicide rate per 100,000 population is evident over the last 12 years.

### What has Not Improved?

The Premature Cancer Mortality Rate is similar to Peer Group and is higher than England average rate. Walsall has the 3<sup>rd</sup> Highest Diabetes rate in the country.



### What has been added?

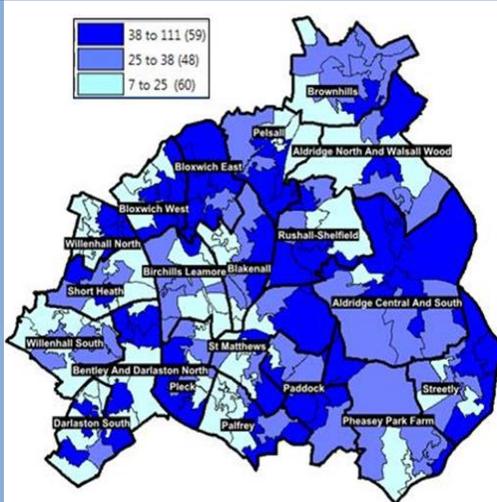
Infectious disease and health protection has been added to the JSNA. Infections continue to be a significant cause of ill health in Walsall. In 2010 in England, infectious diseases accounted for 7% of all deaths, 4% of all potential life years lost (to age 75) and were also the primary cause of admission for 8% of all hospital bed days.

# Walsall JSNA Summary

## Healthy ageing and independent living

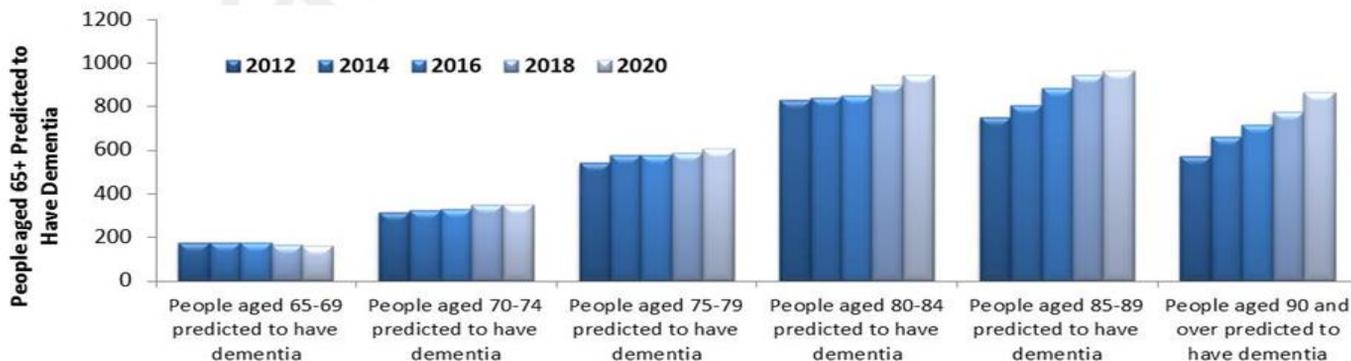
### What has Improved?

Life expectancy of Walsall men and women has increased by about 4.5 years over the last 20 years. Older people are actually living longer and are having more active lives.



### What has Not Improved?

The number of Walsall residents aged 65 years and over is increasing and will continue to increase over the next 10 years. The number of older people living alone is also due to increase. As is the number of older people with Dementia is due to increase (below).



### What has been added?

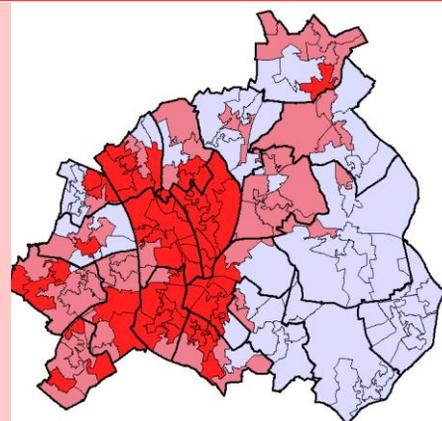
The development of Building Healthy Communities project will help localities to help with the issue of loneliness and isolation particularly amongst Carers.

## Next Steps

Previous 14/15 recommendations will be reviewed in light of the JSNA refresh presented in this paper and progress reports currently being brought back to the HWB.

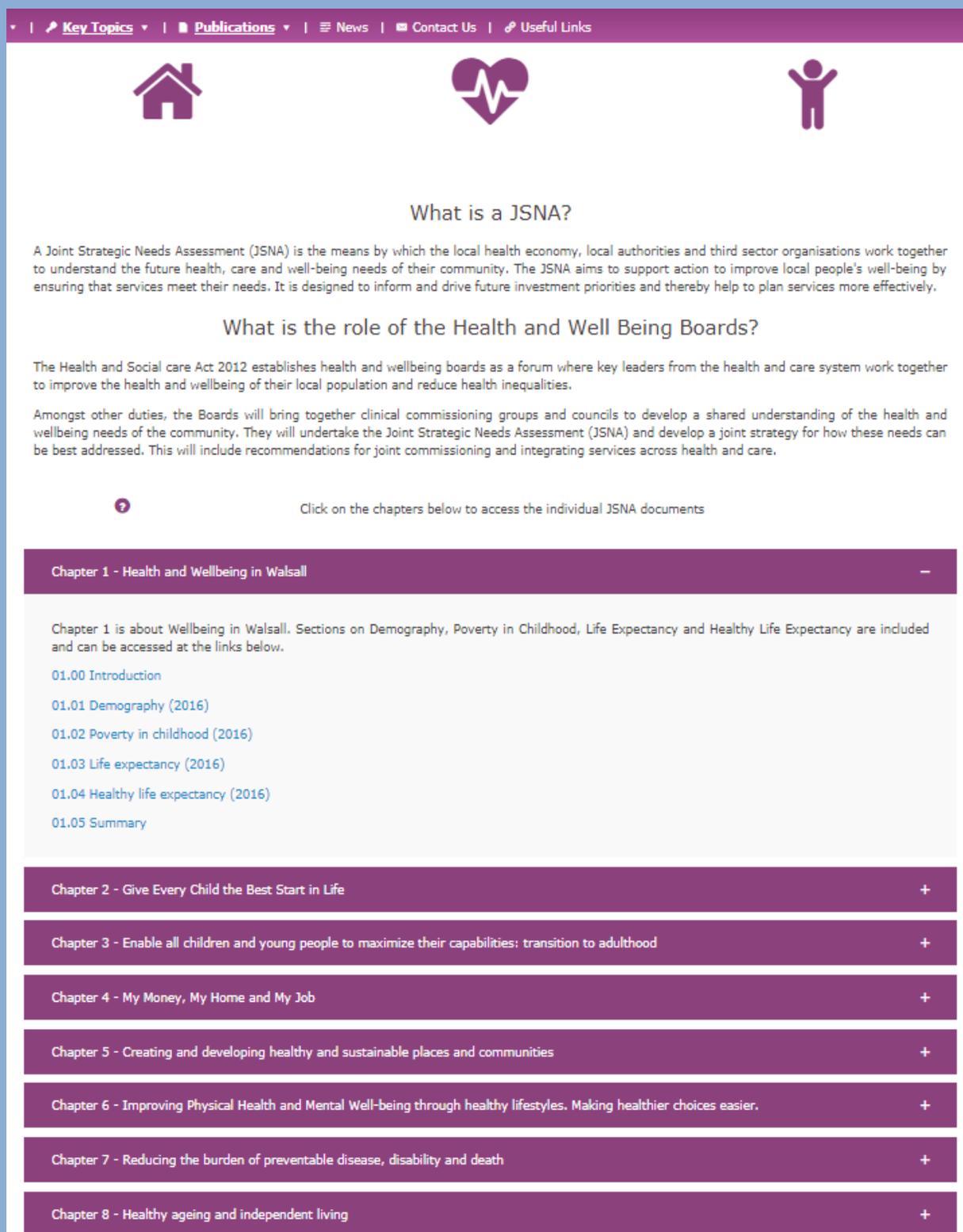
Health and Wellbeing Strategy Group will consider findings and bring recommendations for 16/17 back to the HWB.

Continue to develop the Walsall Intelligence website Topic Page



# Walsall Intelligence Website

A screenshot of the JSNA area of the Walsall intelligence website is shown below, the chapter driven menu allows quick access of full documents by JSNA theme.



▼ | 🔑 [Key Topics](#) ▼ | 📄 [Publications](#) ▼ | 📰 [News](#) | 📞 [Contact Us](#) | 🔗 [Useful Links](#)

## What is a JSNA?

A Joint Strategic Needs Assessment (JSNA) is the means by which the local health economy, local authorities and third sector organisations work together to understand the future health, care and well-being needs of their community. The JSNA aims to support action to improve local people's well-being by ensuring that services meet their needs. It is designed to inform and drive future investment priorities and thereby help to plan services more effectively.

## What is the role of the Health and Well Being Boards?

The Health and Social care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

Amongst other duties, the Boards will bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care.

❓ Click on the chapters below to access the individual JSNA documents

- Chapter 1 - Health and Wellbeing in Walsall
- Chapter 2 - Give Every Child the Best Start in Life
- Chapter 3 - Enable all children and young people to maximize their capabilities: transition to adulthood
- Chapter 4 - My Money, My Home and My Job
- Chapter 5 - Creating and developing healthy and sustainable places and communities
- Chapter 6 - Improving Physical Health and Mental Well-being through healthy lifestyles. Making healthier choices easier.
- Chapter 7 - Reducing the burden of preventable disease, disability and death
- Chapter 8 - Healthy ageing and independent living