Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy 2020-25 Update

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity

Recommendation: The Health and Wellbeing Board should note progress on the development of the Joint Strategy Needs Assessment and Joint Health and Wellbeing Strategy, raise awareness about the consultation process through their networks, and support task group work to finalise the strategy in September 2019.

1. Context

- 1.1 Health and Wellbeing Boards have a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA), an assessment of current and future health and care needs in the local population, and a Joint Health and Wellbeing Strategy (JHWS), a local strategy for the local population addressing the needs identified in the JSNA. The plans of local organisations and bodies should address the needs identified in the JSNA and the priorities set in the JHWS.
- 1.2 The Devon JSNA, including the overview for Devon, topic-specific information and community profiles is updated on an ongoing basis. A new JHWS for Devon to cover the period 2020 to 2025 is currently being produced in accordance with the timeline and principles agreed by the Health and Wellbeing Board in April 2019. The development of the new JHWS has been guided by discussions at the Health and Wellbeing Stakeholder Conference in June 2018, and the Health and Wellbeing and Scrutiny joint workshop in December 2018. This paper describes the current status of the JSNA and JHWS.

2. Joint Strategic Needs Assessment Update

- 2.1 A summary of the main challenges for Devon from the JSNA is included in appendix 1. This highlights how the changing population of Devon along with wider social and economic factors contribute to health outcomes and health inequalities across the county. It also highlights the specific local challenges that exist in relation to child poverty, the impact of lower incomes on fuel and food affordability, access to services, mental health, health-related behaviours, long-term conditions and housing.
- 2.2 Work is currently underway to further develop the JSNA and ensure that JSNA content in Devon meets the requirements of different users. This will also reflect changes in the wider health, care and wellbeing system in relation to integrated care, primary care networks and long-term plan development across the health, care and wellbeing system. Through discussions with users of JSNA resources, including councillors, officers and community organisations three usage types were identified:
 - **Explanatory:** people seeking a quick summary of an area or theme.
 - Exploratory: people wishing to explore and interrogate the information in more detail
 - Analytical: people wishing to extract JSNA data and undertake further analytical work

Work is currently focused on the 'explanatory' usage to ensure that the content, language, navigation and visual aspects are appropriate and best provide a summary for the area or theme of interest. New content and tools will be made available in due course.

3. Joint Health and Wellbeing Strategy 2020-25 Update

- 3.1 The new JHWS has been developed with reference to the following principles
 - Short document (up to 10 sides in length) with web interface
 - Written from community lens in plain English
 - A focus on poorer outcomes and challenges
 - An emphasis on the wider determinants of health
 - Strategic alignment with the Sustainability and Transformation Partnership and other partnerships, including common priorities, collaboration and reporting arrangements
 - Life course approach
 - A five-year strategy from 2020 to 2025

- 3.2 Consultation on the new strategy will be launched at the Devon Health and Wellbeing Board Stakeholders Conference on the 11th of July 2019. The consultation will run for eight weeks until the 5th of September 2019 and will include a consultation questionnaire through the Devon 'Have your say' webpages (direct link: http://devon.cc/jhws), as well as some further specific engagement with local groups, organisations and strategic partnerships. The updated priorities will also inform the development of and engagement on the Devon Long-Term Plan, with engagement on this also due to run from the 11th of July to the 5th of September 2019.
- 3.3 The vision and priorities from the draft JHWS are summarised below:

Table 1, Draft Joint Health and Wellbeing Strategy 2020-25: Vision and Priorities

| Vision: Health outcomes and health equality in Devon will be amongst the best in the world and will be | | | |
|--|---------------------------------|---------------------------------------|---------------------------------|
| achieved by working in partnership across Devon's communities, businesses and organisations. | | | |
| Priority 1. Create | Priority 2. Healthy, safe | Priority 3. Focus on mental | Priority 4. Maintain good |
| opportunities for | and strong communities | health | health for all |
| all | Creating conditions for | Building good emotional | Supporting people to stay |
| Inclusive economic | good health and wellbeing | health and wellbeing, | as healthy as possible for |
| growth, education | where we live, work and | happiness and resilience | as long as possible |
| and social mobility | learn | | |
| a. Narrow gaps in | a. Improve housing | a. Reduce loneliness in all | a. Prevent ill health by |
| educational | conditions and reduce | age groups | helping people to live |
| attainment and | homelessness | b. Identify people at risk and | healthier lives |
| adult skills | b. Create conditions for | intervene to improve poor | b. Detect disease in the |
| b. Reduce levels of | good health, physical | mental health as soon as | early stages to reduce |
| child poverty | activity and social | possible | impact on health |
| c. Support | interaction through the | c. Proactively address the | c. Support those living |
| economic growth in | planning system and | mental health consequences | with long-term conditions |
| more | community development | of trauma and adverse | to maintain a good quality |
| disadvantaged | c. Support healthy | childhood experiences | of life |
| areas | workplaces and schools | d. Promote a positive | |
| d. Increase social | d. Help keep communities | approach to mental health | |
| mobility | and individuals safe | and wellbeing | |

4. Next Steps

- 4.1 The development of the JHWS will proceed as set out in the timeline and principles agreed by the Health and Wellbeing Board in April 2019.
- 4.2 Following the end of the consultation period on the 5th of September 2019 a task group of board members will be convened and will meet to consider consultation feedback and update the strategy accordingly before the final strategy goes to the Health and Wellbeing Board on the 10th of October 2019 for approval.

5. Risk Management Considerations

Not applicable.

6. Options/Alternatives

Not applicable.

7. Public Health Impact

The development of the Joint Health and Wellbeing Strategy and the identification of priorities relating to health inequalities and the wider determinants of health will focus on improving public health in Devon.

Dr Virginia Pearson

CHIEF OFFICER FOR COMMUNITIES, PUBLIC HEALTH, ENVIRONMENT AND PROSPERITY DEVON COUNTY COUNCIL

Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor A Leadbetter and Cabinet Member for Community, Public Health, Transportation and Environmental Services: Councillor R Croad

Contact for enquiries: Simon Chant, Room 148, County Hall, Topsham Road, Exeter. EX2 4QD Tel No: (01392) 386371

Background Papers Nil





Devon JSNA: The main challenges in Devon, 2019

Devon has an older and growing population attributable to longer life expectancy and internal migration. Older people tend to be more frequent users of health and social care services. This presents a challenge in how we configure services to meet the needs of the population, equity of access to healthcare and how we can improve population health to reduce service demand in secondary care.

Challenges exist around income and poverty. Devon has a higher than average skilled workforce, yet average annual earnings are below the national average which impact on the affordability of food and fuel contributing to poorer outcomes. Furthermore, variation across districts is evident and is closely associated with deprivation.

There are lower proportions of the population that live in the top 20% most deprived areas relative to England. However, disparity across Devon between different communities exist in relation to deprivation and contribute to poorer health and wellbeing outcomes. Child poverty in Devon continues to slowly reduce and while there is evidence of the inequality gap narrowing overall, there are communities in Devon which have disproportionately higher rates of child poverty compared to others.

Access to services, influenced by socio-economic, cultural and geographic factors present a challenge in Devon and contribute to health outcomes. In the Indices of Deprivation, indoor environment is also recognised as a challenge in Devon with more than half of the Devon population living in areas in the top 20% most deprived nationally for housing quality and the availability of central healting. This contributes to an increased risk of certain health conditions, mental health issues, falls and fractures.

Improving mental health and wellbeing is recognised as a challenge in Devon. Poorer mental health has a great social and economic impact. It can affect people at any stage of the life course and can diminish the life chances of individuals, significantly impacting on their physical health, educational and employment prospects and life expectancy. Equally poor physical health can lead to an increased risk of developing mental health problems. Rates of self-harm, suicide, and mental, behavioural admissions from drug misuse and injuries in young people are increasing in Devon and further work is required to understand where the opportunities are across the system in terms of prevention and early intervention.

Health-related behaviours such as smoking, excess alcohol use, physical inactivity, poor diet and obesity remain as the top five contributory factors of the burden of disease and premature death in Devon and across England. While many lifestyle measures are improving in Devon, variation exists across different communities. The development of frailty, long term conditions and multi-morbidity is greatly influenced by social and behavioural risk factors. This impact is even greater where inequalities are present.