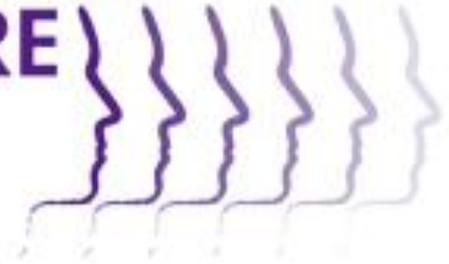


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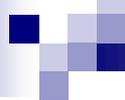


JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Key findings from the
Leicestershire JSNA and Melton
summary

Public Health Team

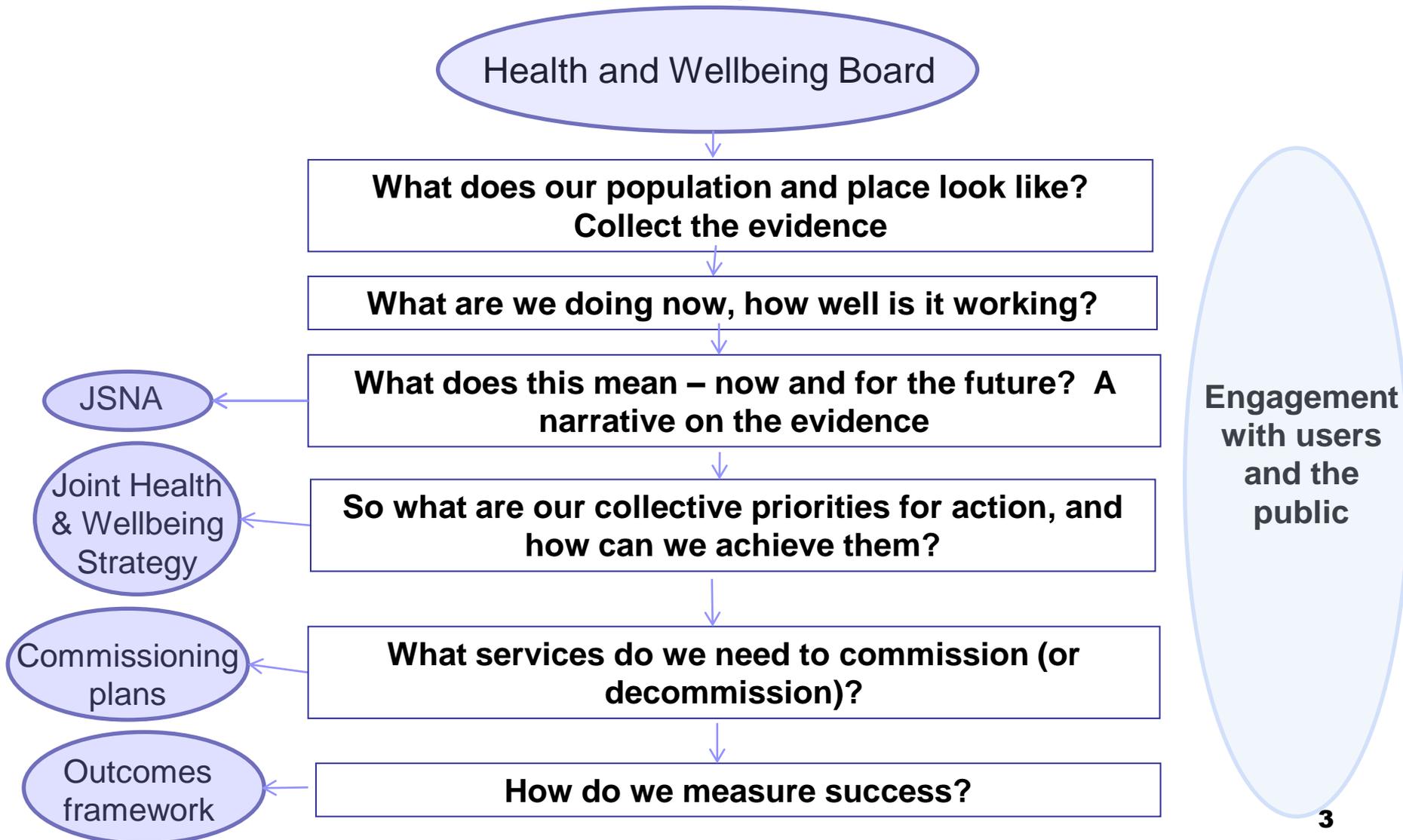




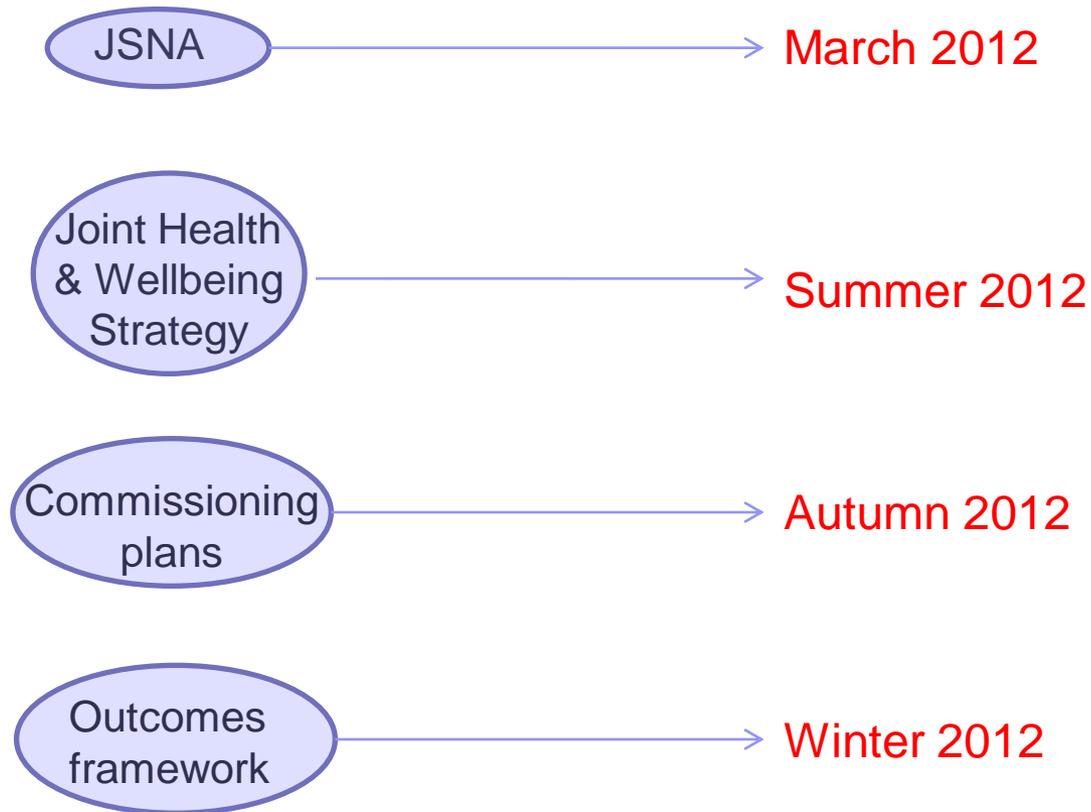
What is a JSNA?

- Joint Strategic Needs Assessment (JSNA) identifies “the big picture” in terms of the health and wellbeing needs and inequalities of a local population
- JSNA describes a process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness

JSNAs and joint health and wellbeing strategies



Timescales



JSNA 22 detailed chapters

- Demography
- Deprivation and the Economy
- Housing
- Children and Young People
- Health Inequalities
- Staying Healthy
- Sexual Health
- Long Term Conditions
- Cancer
- Mental Health
- Learning Disabilities
- Physical Disabilities
- Older People
- Dementia
- End of Life Care
- Carers
- Offender Health
- Wellbeing / Happiness
- Primary Care
- NHS Hospital Care
- Adult Social Care – Service Usage, Assessment and Development in Social Care
- Assets

JSNA 22 detailed chapters

Background and wider determinants

- **Demography**
- **Deprivation and the Economy**
- **Housing**
- Children and Young People
- **Health Inequalities**
- Staying Healthy
- Sexual Health
- Long Term Conditions
- Cancer
- Mental Health
- Learning Disabilities
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- Offender Health
- **Wellbeing / Happiness**
- Primary Care
- NHS Hospital Care
- Adult Social Care – Service Usage, Assessment and Development in Social Care
- **Assets**

JSNA 22 detailed chapters

Chapters on need

- Demography
- Deprivation and the Economy
- Housing
- Children and Young People
- Health Inequalities
- Staying Healthy
- Sexual Health
- Long Term Conditions
- Cancer
- Mental Health
- Learning Disabilities
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JSNA 22 detailed chapters

Service provision

- Demography
- Deprivation and the Economy
- Housing
- Children and Young People
- Health Inequalities
- Staying Healthy
- Sexual Health
- Long Term Conditions
- Cancer
- Mental Health
- Learning Disabilities
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2012 JSNA – key priorities

- Giving children the best start in life
- Managing the shift to early intervention and prevention
- Supporting the ageing population

In addition to targeting specific parts of the life course the following cross cutting themes have been identified:

- Targeting the communities with the greatest needs
- Improving mental health and wellbeing

2012 JSNA – key priorities

- Leicestershire Together recognises that addressing these health needs can only be done in partnership with the other commissioning hubs of Leicestershire Together
- “influencing other boards” has been identified as a key priority for ensuring that the Health and Wellbeing Board delivers improved health outcomes across the life course. E.g.
 - Children and Young People Commissioning Board
 - The Leicester and Leicestershire Enterprise Partnership Environment Board
 - Safer Communities Commissioning Board
 - Stronger Communities Board
 - Housing Services Partnership
 - Housing Planning Infrastructure Group
 - Leicestershire Rural Partnership
 - Community Budget Programme Board
 - Voluntary and Community Sector Strategy Group

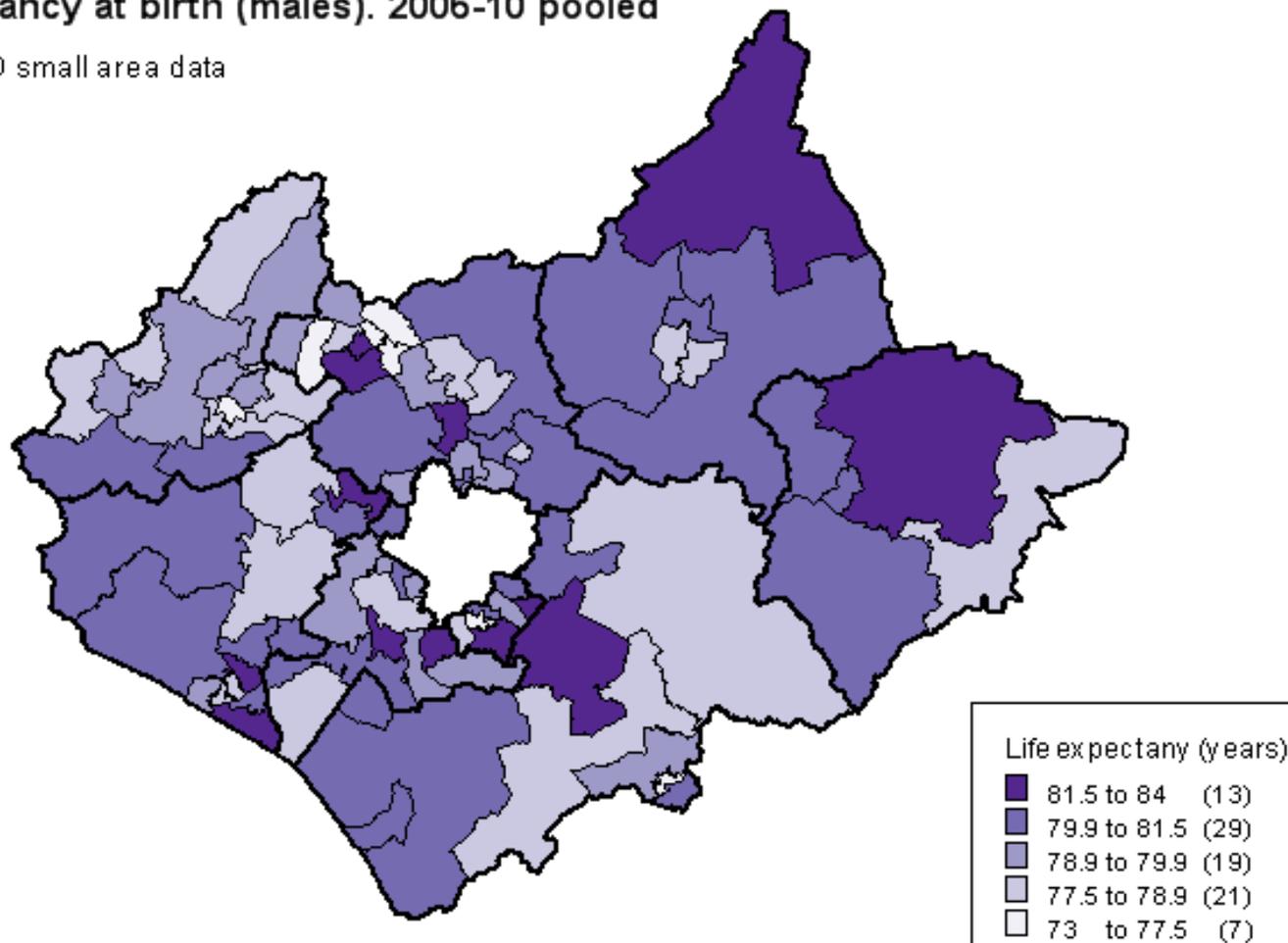
What does this mean for Melton?

Background and wider determinants

- In 2008/09 80.6% of the residents of Melton surveyed reported their health and wellbeing status as being 'very good' or 'good'. This was higher than the England average (75.8%).
- Life expectancy for males in Melton is significantly higher than the England average. For females, it is not significantly different to the England average
- Males in Melton can expect to live for 80.3 years compared to the England average of 78.3 years and females can expect to live 83.1 years compared to the England average of 82.3.
- However, the gap in life expectancy between the best-off and worst-off males in Melton can be estimated as 4.7 years – significantly lower than the England average (8.9 years). For females in Melton, it can be estimated as 2 years – not significantly different to the England average (5.9 years).

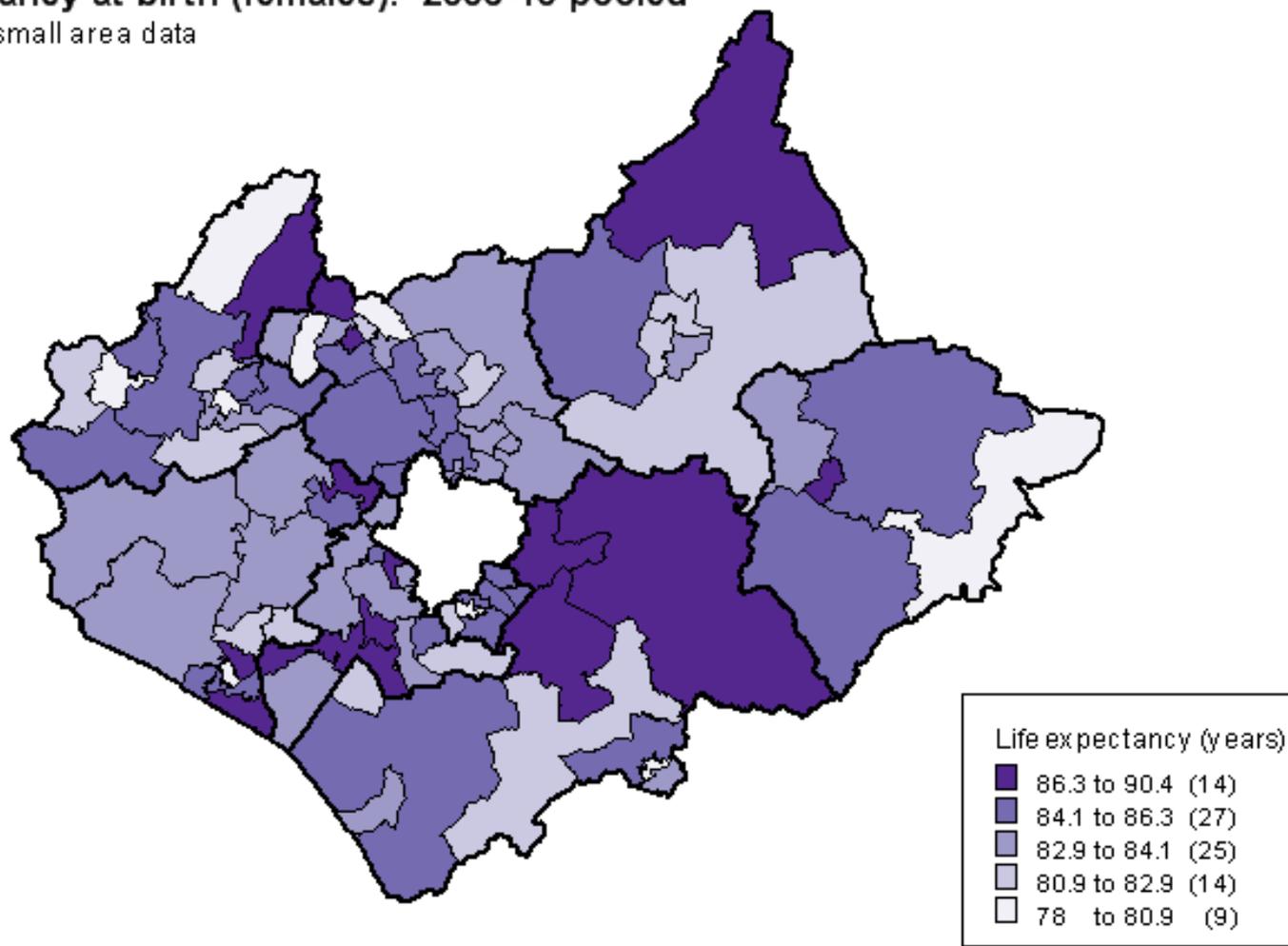
Life expectancy at birth (males). 2006-10 pooled

Source: APHO small area data



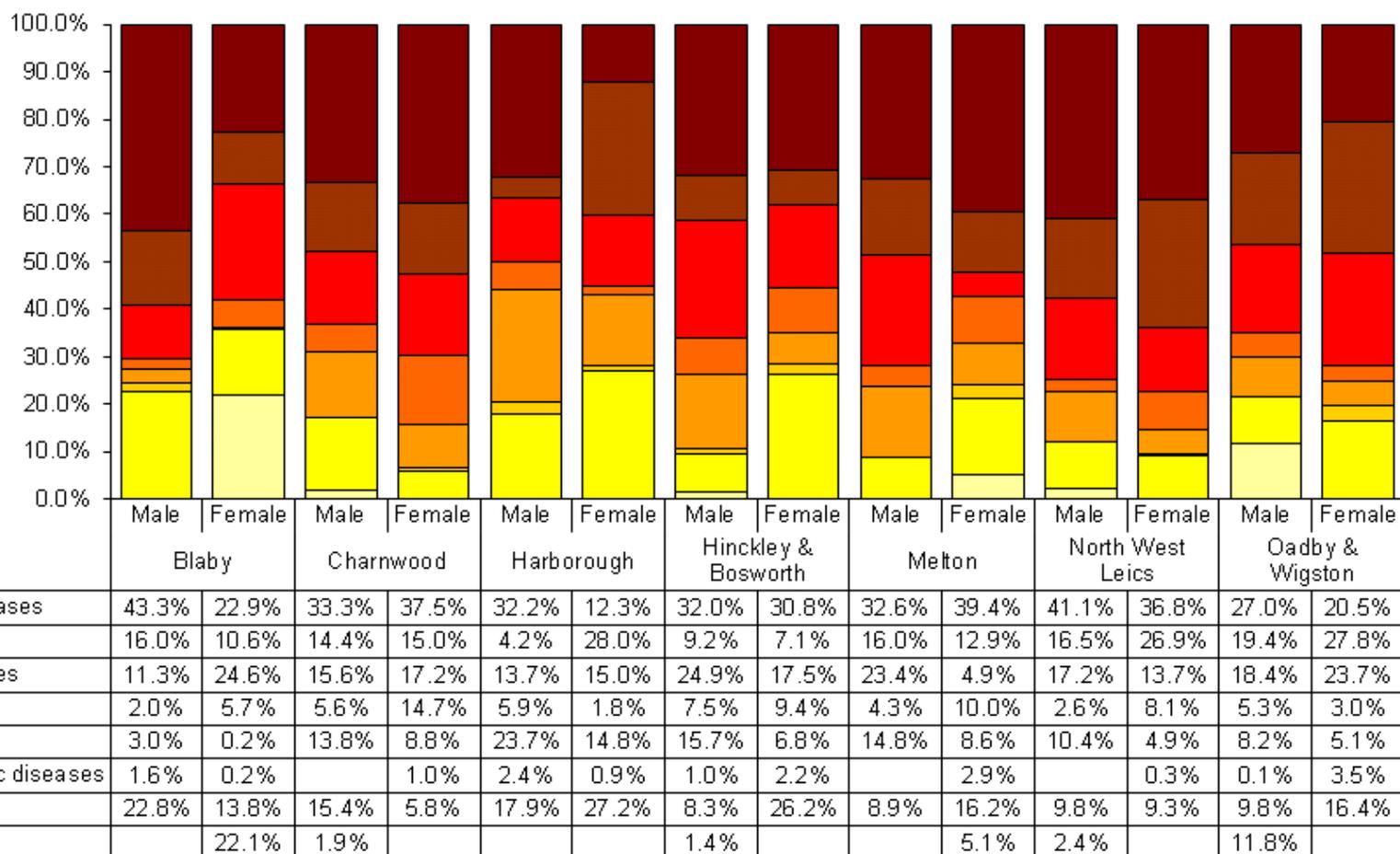
Life expectancy at birth (females). 2006-10 pooled

Source: PHO small area data



Causes of inequality in life expectancy

Breakdown of life expectancy gap between MDQ of LAD and England's least deprived quintile by cause of death

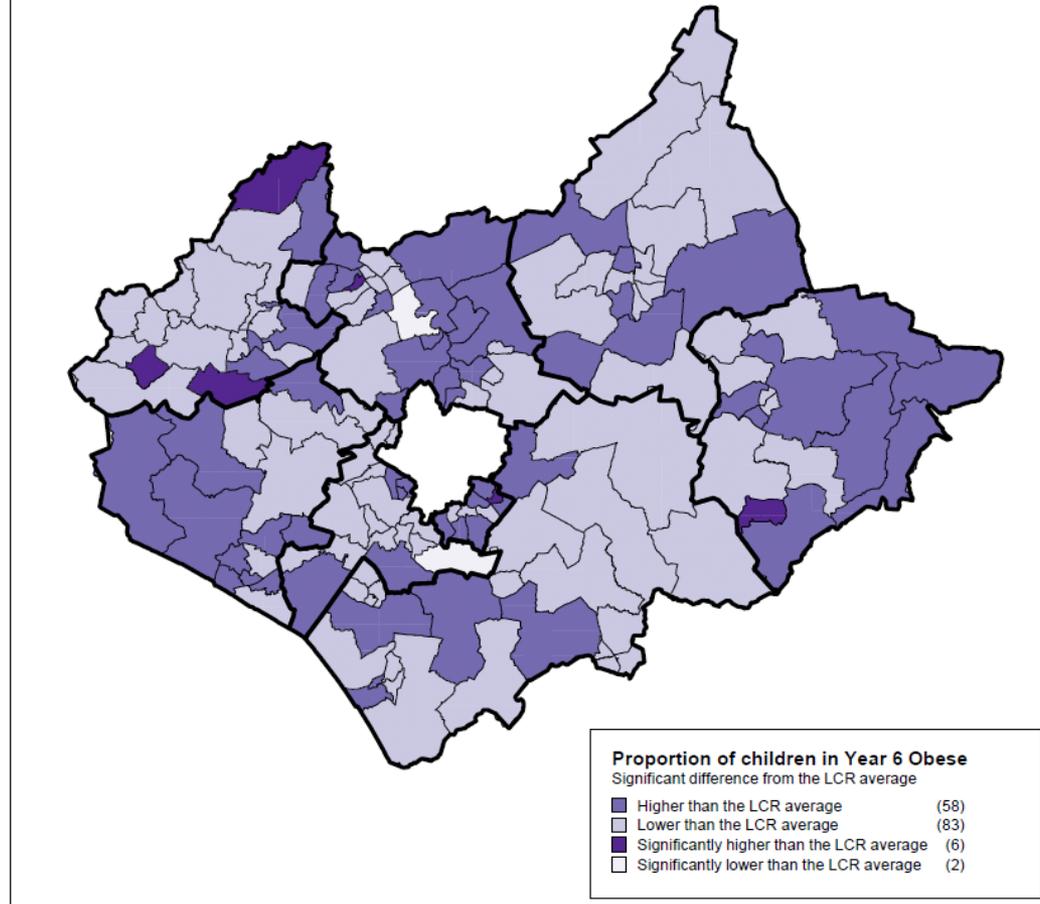


What does this mean for Melton?

Giving children the best start in life

- The infant mortality rate in Melton is similar to the England average (2 deaths for every 1000 births compared to 4.7 in England).
- Breastfeeding rates in Melton are better than the England average with 47.3% of women still breastfeeding at 6-8 weeks compared to 44.9% nationally).
- Children in Melton were less likely to be obese than the national average, with 13.4% of year 6 children obese compared to 18.7% nationally. However, this is still over an 8th of children in this year.
- The teenage conception rate in Melton is lower than the England average, with 31.1 births per 1000 women aged 15-17 compared to the England average (40.2).

Proportion of children in Year 6 who are Obese
LCR wards, 2009/10 NCMP data



In 2009/10 in year 6 children in Melton no wards had a significantly low or high rate of obesity compared to the LCR average. New data for 2010/11 shows Ashfordby and Melton Egerton as having significantly higher rates than the LCR average.

What does this mean for Melton?

Early intervention and prevention

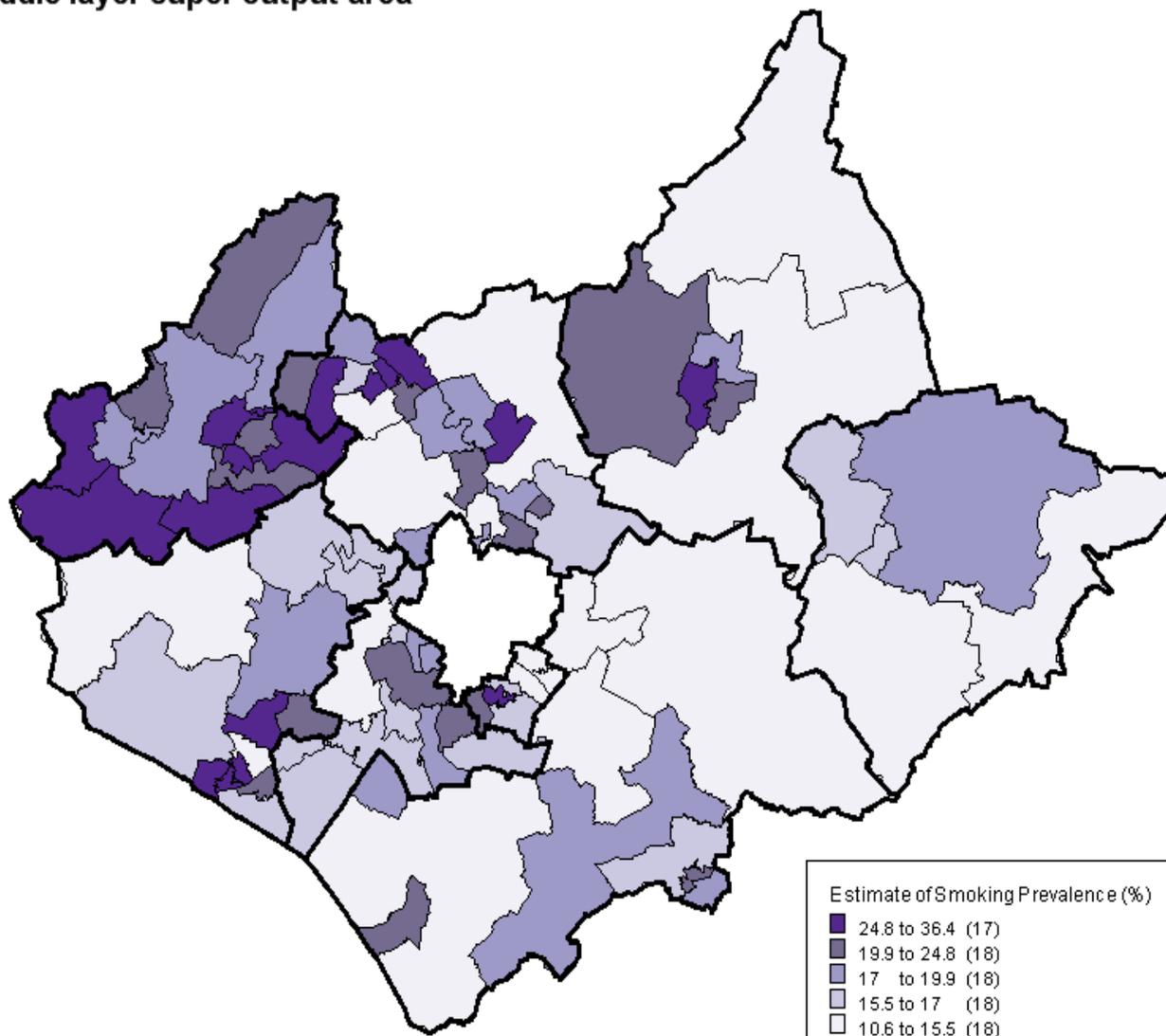
Smoking

- In 2009/10 it was estimated that around 6600 adults in Melton smoke (16.8%). However, in the same year 513 adults in Melton set a date to quit smoking, and of these 309 (60.2%) had quit at 4 weeks.

Obesity

- In 2006/08 it was estimated that 9800 (24.4%) adults in Melton were obese. This is not significantly different to the England average (24.2%).
- In 2006/08 it was estimated that 31.3% of adults in Melton ate 5 or more portions of fruit and vegetables per day, and in 2008/09 it was estimated that 24.4% of adults in Melton took part in physical activity.

Estimates of adult smoking prevalence, Adults aged 16 and over; 2006-08
Middle layer super output area



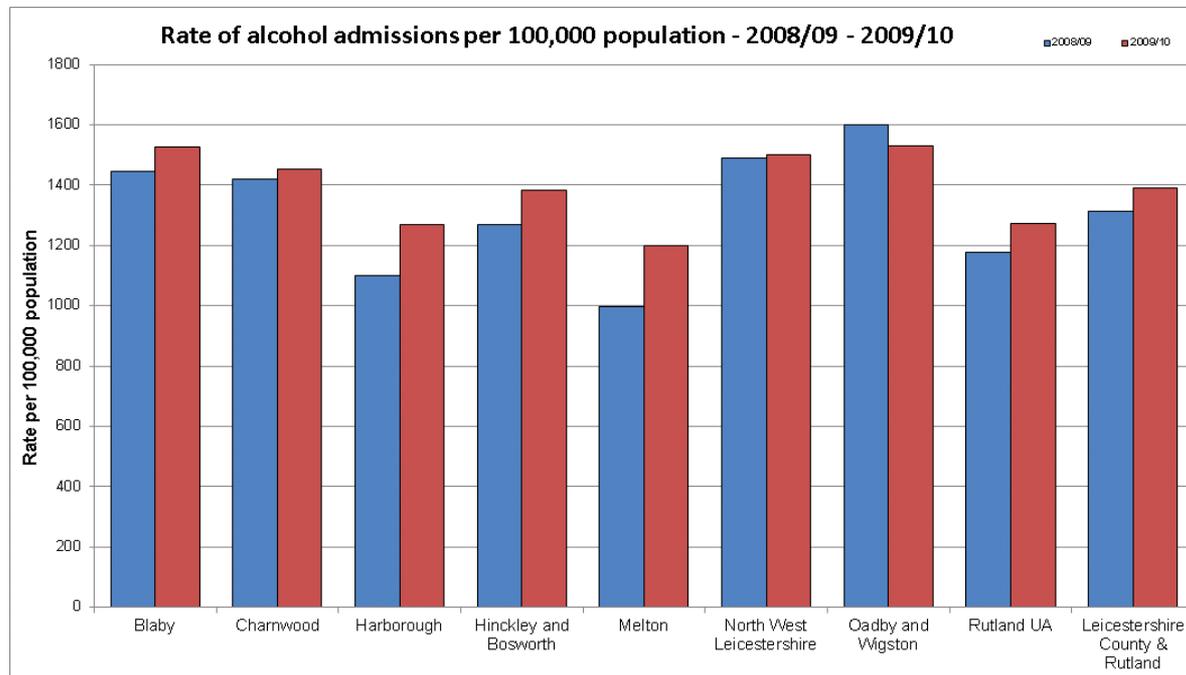
Based on APHO JSNA Small Area Indicators
Modelled estimates, based on individual-level data from the Health Survey for England.

What does this mean for Melton?

Early intervention and prevention

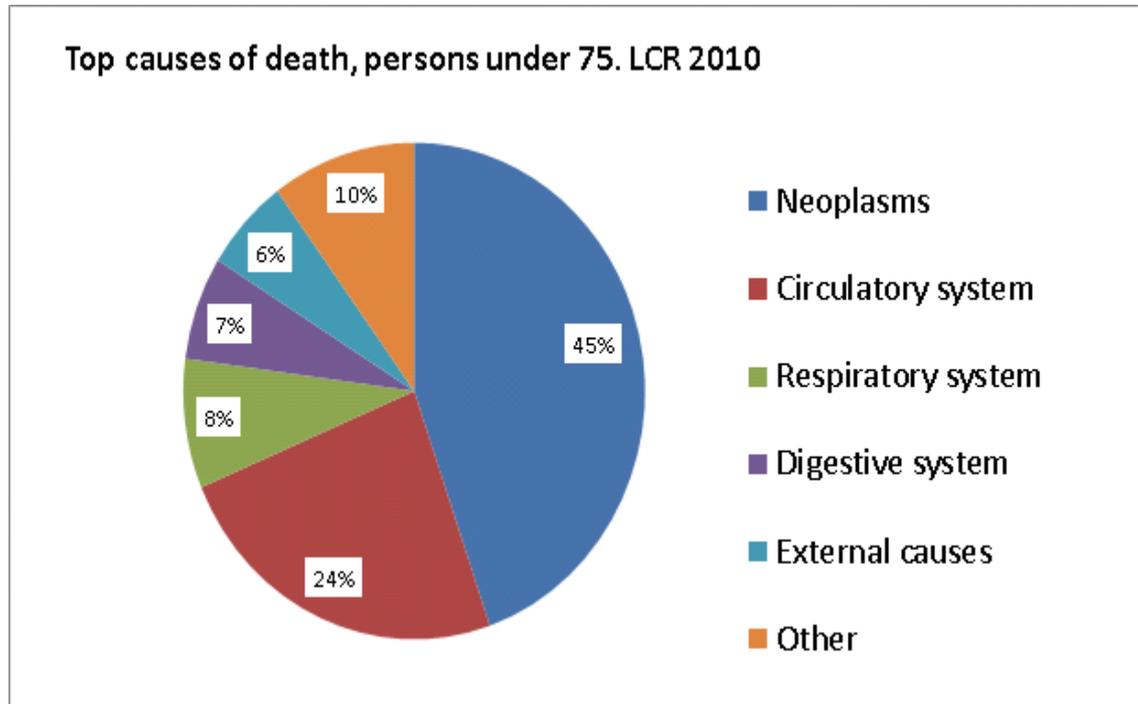
Alcohol

- In 2009/10 there were 1200 admissions to hospital for alcohol related conditions per 100,000 population in Melton. This is lower than the England average (1743 per 100,000 population)
- There are estimated to be around 7500 adults in Melton who binge drink (18.8% of the population).



What does this mean for Melton?

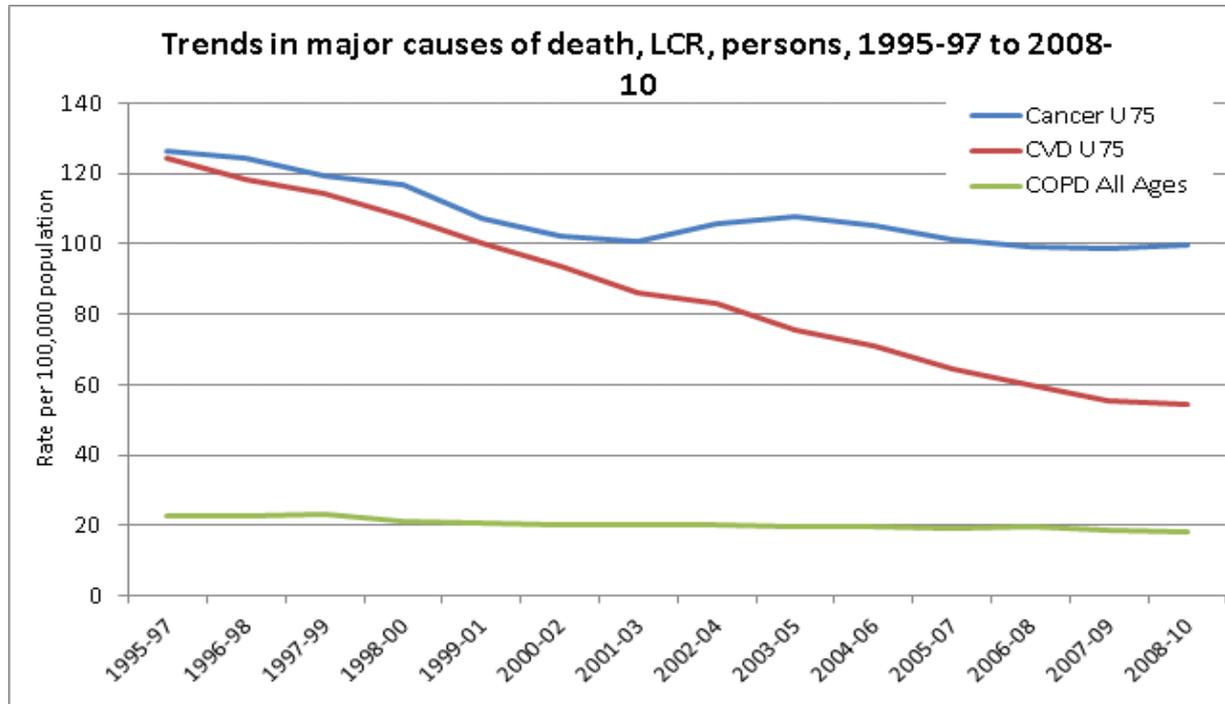
Burden of ill health



- In LCR in 2010 the top causes of premature (under 75) mortality were cancer (45%), circulatory disease (24 %) and respiratory disease (8%).

What does this mean for Melton?

Burden of ill health



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What does this mean for Melton?

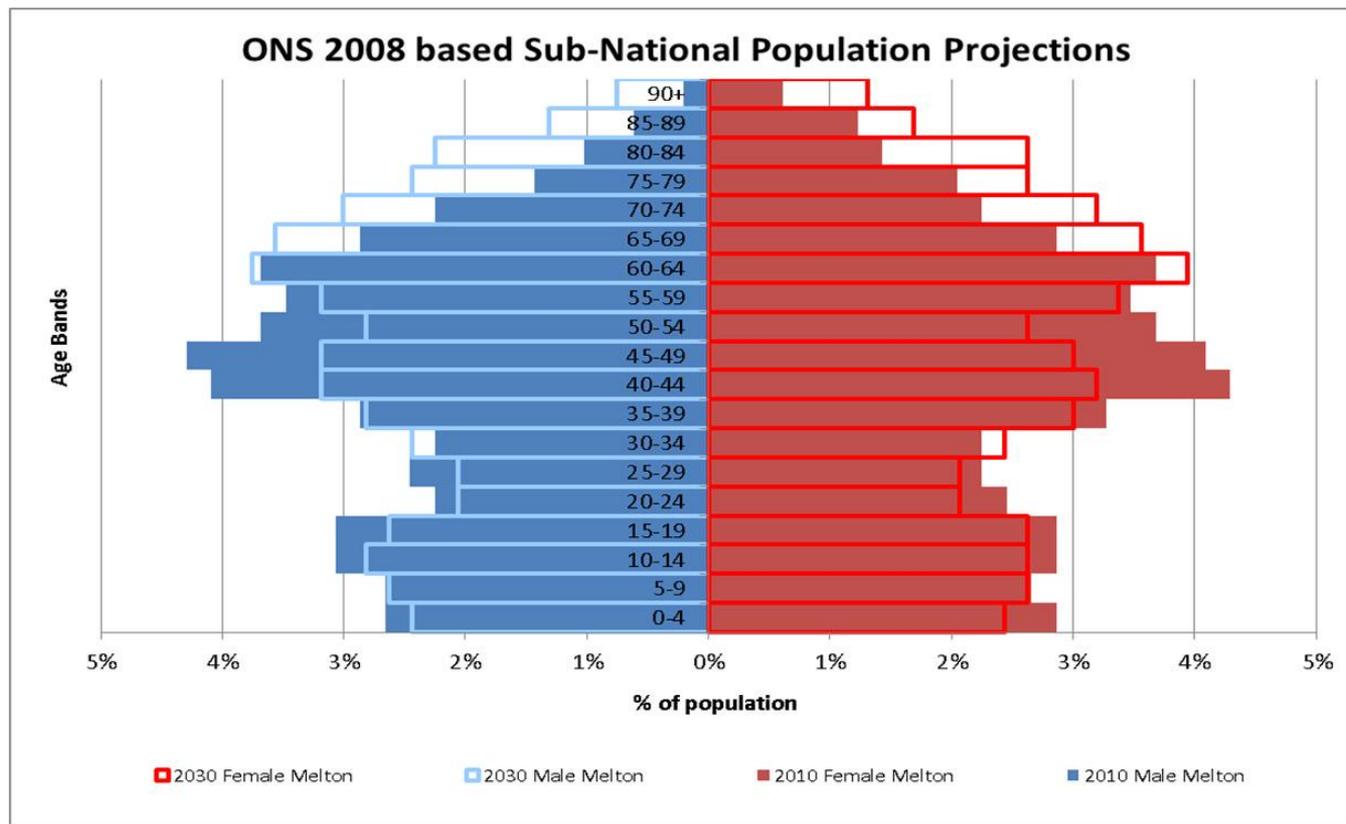
Burden of ill health

- Mortality rates from circulatory disease in Melton are significantly lower than the England average.
- Comparing modelled estimates of disease to the GP recorded prevalence suggests that in Melton there are approximately:
 - 900 patients with undiagnosed CHD
 - 7320 patients with undiagnosed hypertension

What does this mean for Melton?

Older people

- In 2010 there are approximately 12900 people aged over 60 in Melton, and 2500 aged over 80. The population of Melton aged over 60 is estimated to increase by around 70% by 2030.

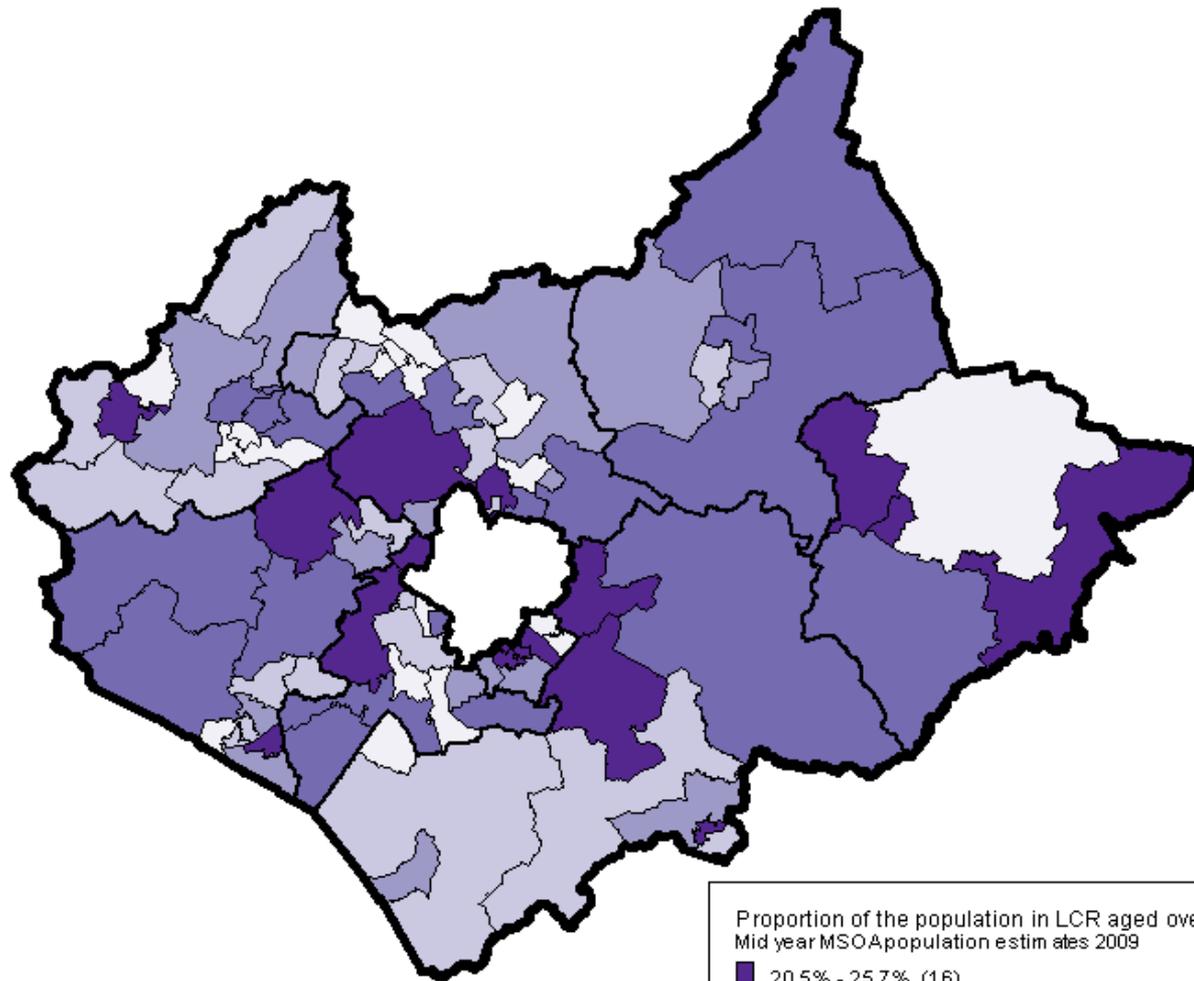


What does this mean for Melton?

Older people

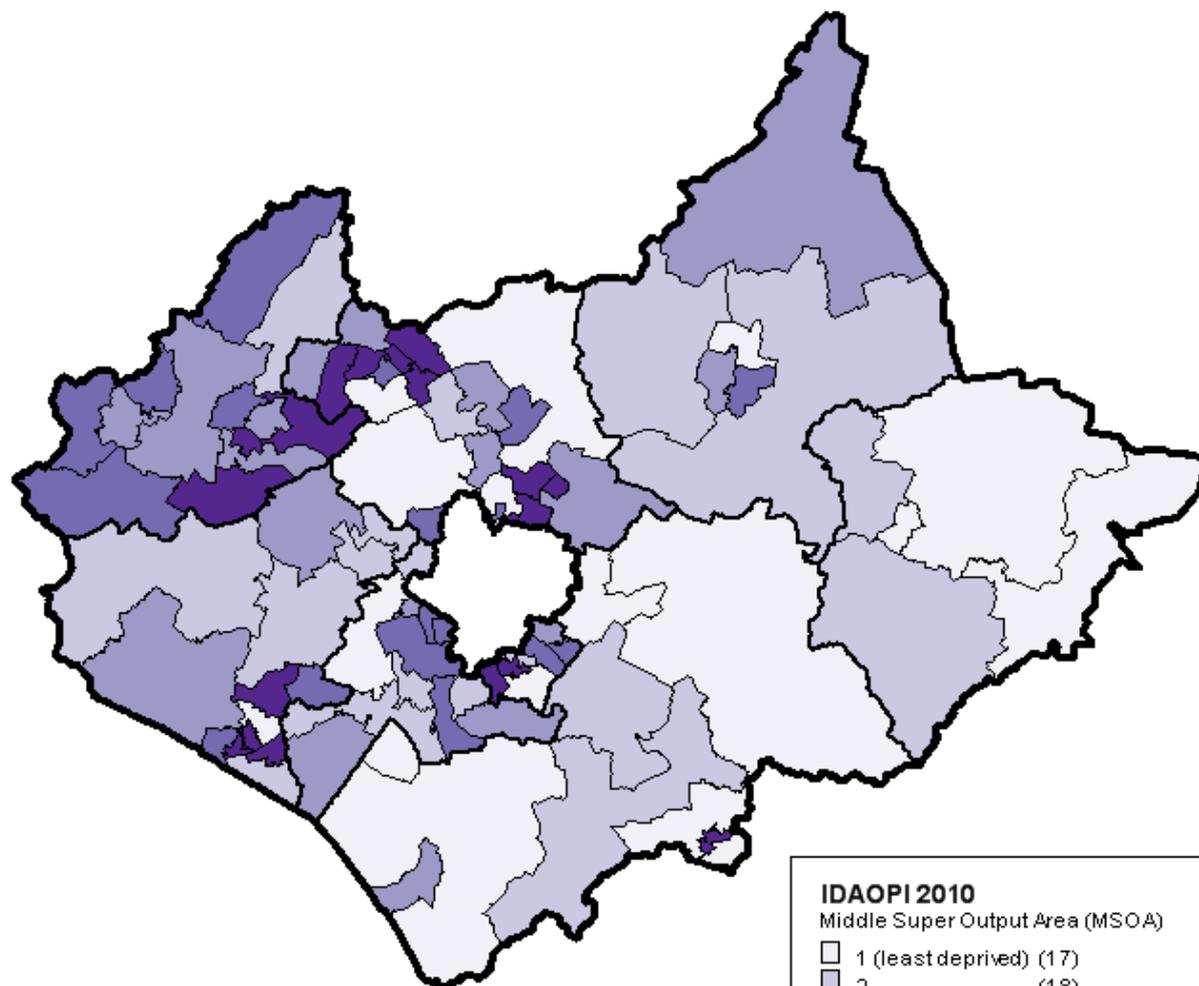
- In 2007-09 life expectancy for men at age 65 in Melton is 19.2 years and life expectancy for women at age 65 is 21.3 years.
- Around 2100 people aged over 75 in Melton are predicted to live alone in 2010, and this number is predicted to increase to 3900 by 2030 (an 83% increase).
- In 2010 there are estimated to be around 3850 people in Melton over the age of 65 with a limiting long term illness. By 2030 this is estimated to increase to around 6600, an increase of 71.3%.

Proportion of the population of Leicestershire County and Rutland aged over 65. 2009 mid-year population estimates (MSOA)



Income deprivation affecting older people (IDAOP) - Quintiles within LCR

Published by Department for Communities and Local Government (DCLG)



IDAOP 2010

Middle Super Output Area (MSOA)

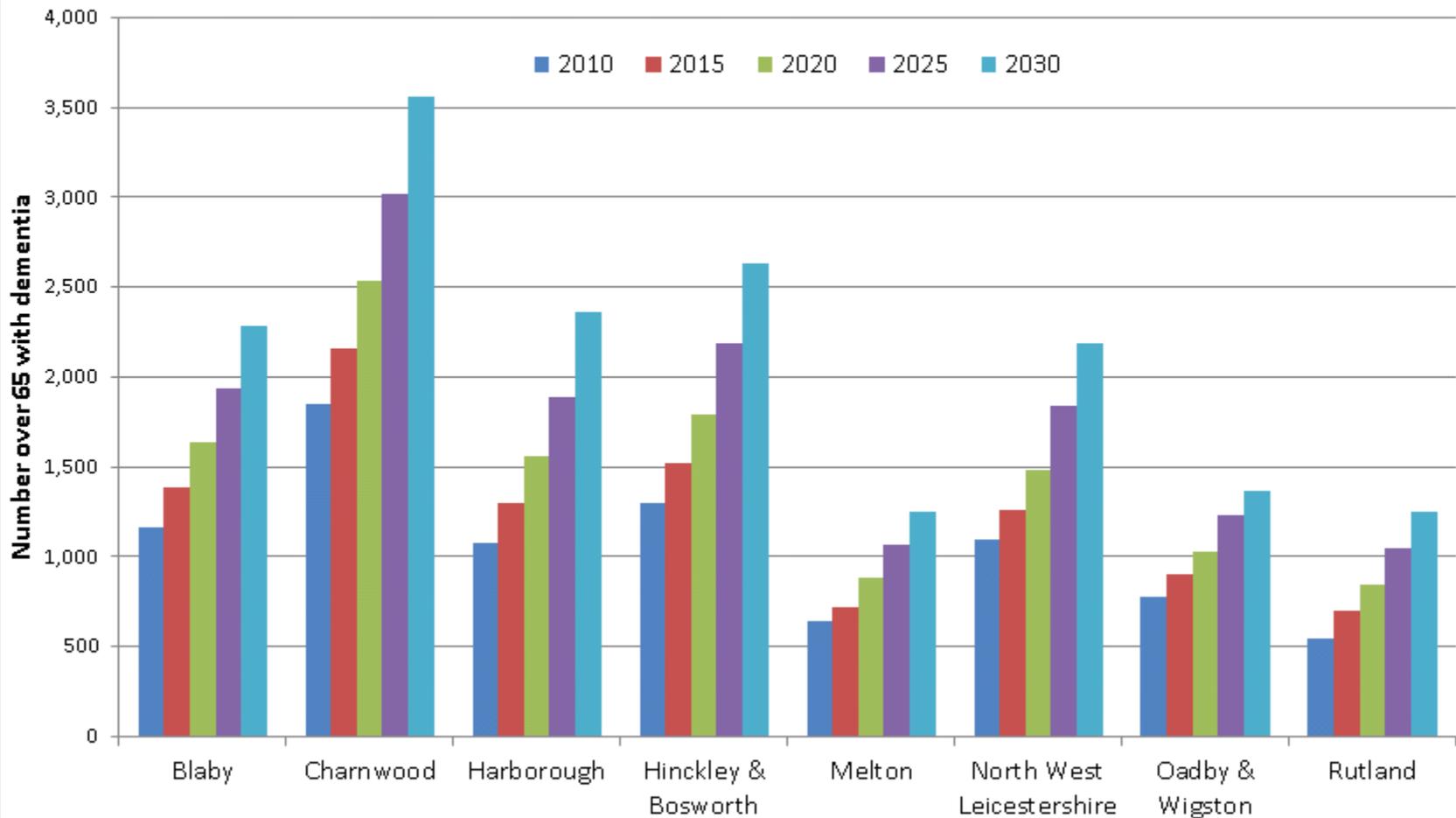
- | | |
|--------------------|------|
| 1 (least deprived) | (17) |
| 2 | (18) |
| 3 | (18) |
| 4 | (18) |
| 5 (most deprived) | (18) |

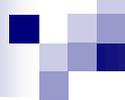
What does this mean for Melton?

Impact of the ageing population

- In 2010 there are estimated to be around 600 people in Melton with dementia. By 2030 this is estimated to increase to around 1200 people, an increase of 94%.
- The Census 2001 estimates that in 2001 there were around 4770 people in Melton who were providing unpaid care. This equates to 10% of the population.
- The increase in the older population is likely to impact substantially on the numbers of carers, particularly older carers.
- In 2010 there were estimated to be around 1000 carers aged over 65 in Melton, by 2030 this is estimated to increase to around 1560, a 57% increase.

Number of population aged 65 and over with predicted dementia, 2010 - 2030 (source poppi.org.uk)





How will the JSNA be used locally?

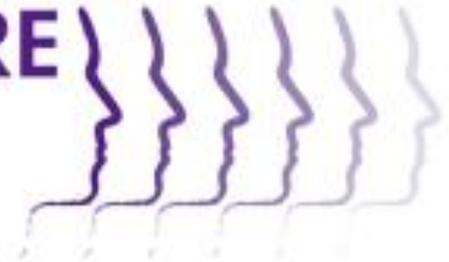
- How can Melton help deliver the priorities identified in the JSNA?
- How will you use the JSNA locally to inform local priority setting?
- What are the issues that are specific to Melton that need to be addressed locally?

Where can you find the JSNA?

- http://www.lsr-online.org/reports/leicestershire_joint_strategic_needs_assessment_jsna_2012_key_documents

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