

## **Joint Strategic Needs Assessment – Annual Update**

### **Summary**

1. This report provides members of the Health and Wellbeing Board with an update on the Joint Strategic Needs Assessment (JSNA), including work undertaken in the last year by the York Population Health Hub and planned work for the coming year.

### **Background**

2. Health needs assessments (HNA) are a key ‘tool’ within the public health field and specialism, used internationally as a coherent and robust tool to understand the needs and inequalities of populations and to underpin planning and decision-making. Whilst a variety of approaches can be beneficial, most HNAs incorporate elements of epidemiological assessment (e.g. trends in disease prevalence, service activity), comparative assessment (evidence and data from other areas) and stakeholder/patient assessment (e.g. focus groups, surveys).
3. Work on the JSNA is closely aligned to local work on a ‘population health management’ approach to health and care services. Because of this, the JSNA working group now sits as part of the Population Health Hub (PHH). The hub’s purpose is to put the development and delivery of population health management (PHM) programmes and the data which sits within the JSNA at the heart of local decision-making in health, care and other services.
4. Since 2013 it has been a statutory duty of CCGs and Local Authorities (and since 2022 for ICBs and Local Authorities) through the Health and Wellbeing Board, to produce a Joint Strategic Needs Assessment, which usually consists of:

- an overarching narrative summary on the needs of a population
- deeper pieces of work on specific groups within that community ‘topic-specific’ needs assessments.

5. In York, the PHH steering group oversees the production of the overarching JSNA narrative alongside. This can be found in four ‘life course’ sections (Start Well, Live Well, Mental Health and Age Well). A summary is shown below:

### Demographics (York’s ‘population’)

Our birth rate has fallen every year since 2009 and remains significantly below the England average 36.8 per 1000 in York vs 55.3 per 1000 in England in 2020. [1]

The 19-29 age group in York makes up 21.8% of the population, compared to 14.3% of UK population. [2]

Increase in 80+ population: 11,600 people in 2020, 12,800 in 2025, 15,300 in 2030, 16,100 in 2035 and 17,400 in 2040. Between 2020 and 2040 this is a 50% increase. [3]

Projections of the care needs of some adults over the age of 65 [4]

Population	2020	2040
Living with a learning disability	818	1059 (+29%)
Living with Dementia	2,927	4,291 (+47%)
Providing unpaid care	5,271	6,592 (+25%)
Needing care	11,380	15,207 (+34%)

### Absolute need (York’s ‘big issues’)

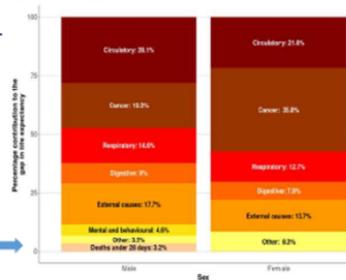
**Smoking**- The smoking prevalence in adults aged 18+ is 20,783 or 11.9% of York’s population. Modelled estimates suggest that around 160, or 8.5% of teenagers at 15 years are either regular or occasional smokers. [5]

**Obese/Overweight**- Approximately 129,000 people, or 61.4% of adults are classified as either overweight or obese. 225 or 21.4% of reception-age children are classified as either overweight or obese. In Year 6, this increases to 245 children, or 33.8%. [6] [10]

**Numbers with multiple long term conditions**- 30,375 people, or 15.3%, report they are living with a long-term illness or disability, and 11.1% are on more than one disease register [7]

**Leading causes of inequality in life expectancy** [8]

Stack chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of York, by broad cause of death, 2015-17



### Relative Need (York’s ‘red flags’)

**CYP mental health**- 2.25% of school pupils have social, emotional and mental health needs. In under 18s, the rate of hospital admissions for mental health conditions is 109.3/100,000 [9]

**Suicide and self harm**- The suicide rate for all persons in York 13.3 per 100,000, and is 4 times higher in males. Emergency hospital admissions for intentional self harm was 172.4 per 100,000 with the highest rates seen in teenagers aged 15-19 years (757.7 per 100,000). [10]

**Alcohol**- Alcohol-related mortality in York is 35.1/100,000 or 69 people in 2020. 1315 people, or 683/100,000 were admitted to hospital for alcohol specific conditions in 2020/21. [11]

**Diagnosis gap**- there is a larger than expected gap in the number of people in York living with dementia (46% undiagnosed), diabetes (28%), and hypertension (40%) [12] [13]

**Falls**- Falls that result in emergency hospital admission can be seen in both elderly and child populations. In children 0-4 this rate was 139.7/100,000 over five years. The highest rate of admissions for falls are those 80+ years are 5,954/100,000 over two years. In people aged 65-79, this rate is 849/100,000. [14]

**Cervical screening**- 67.2% of females aged 25-49 years attended cervical screening in 2021. This increased to 74.7% of females aged 50-64. [15]

**Emergency admissions due to accidents**- A&E attendances for adults in accidents are 301.9/1000 and 585.6/1000 in children 0-4 years. [16]

### Wider determinants (‘causes of the causes’)

**Air pollution**- York has three air quality zones where the levels of nitrogen dioxide and particulate matter exceed the national air quality objectives. In York, this is largely caused by congestion and heavy traffic. [17]

**Lower than average wages** - £597.90 was the Median Gross Weekly pay in York in 2021 (vs £613.30 in England). Over 20% of working people in York earned less than the living wage (as recommended by the living wage foundation). 13.0% of children are living in low income families and there are 8.9% of households in fuel poverty. [18]

**Housing Affordability** - Across York 66% of people own their own home, either outright or with a mortgage, 18% are private renters and 14% are social tenants. There are 7,400 Council Houses in York. Properties in York had an overall average price of £308,196 in 2021. [19]

## Summary of work in 2022

6. Topic specific needs assessments are in-depth pieces of work, usually taking several months to complete. They require a collaborative approach across the local authority and partner organisations, to collate the relevant data, gain insight and feedback from professionals and service users and then produce the assessment with recommendations. During 2022/23 reports were produced on:

- *SEND Phase 2*: This report was the follow up to the phase 1 report, with phase two focusing on the 17-25 age range. The

report produced a number of recommendations for the SEND improvement board to take forwards.

- *Pharmaceutical Needs Assessment:* The updated PNA was covers the time period 2022-2025, and was updated as per legislation requiring the Health and Wellbeing Board to have an up to date PNA that is refreshed every three years. Overall there is adequate choice of pharmacies and a good geographic spread of pharmacies in York. The majority of people are within reasonable walking or travel distance of a pharmacy. Overall, there is good pharmaceutical service provision in most of York.
  - *Early Years:* The early years JSNA is part of a wider programme of work being undertaken to better understand the health and wellbeing needs of children and young people within York. The York schools survey, undertaken across primary and secondary schools (Year 4, 6, 8, 10 and 12) asked questions on a range of topic areas such as worry, happiness, relationships, bullying, activity, smoking, drugs and alcohol. The early years needs assessment covers conception through to five years old, considering a breadth of topic areas across health, education and wider determinants.
  - *Sexual Health:* The needs assessment looked at the current and emerging sexual health needs of people living in York. This is to help inform the re-commissioning of the City of York sexual health service for 2023-2025.
  - *Drugs and Alcohol:* A health needs assessment (HNA) was developed to inform the re-commissioning of community-based drug and alcohol misuse treatment services in the City of York. As drug and alcohol services in York are jointly commissioned, the HNA investigating the needs of both alcohol and drug users was decided.
7. These needs assessments formed a part of a larger work programme of the Population Health Hub, with three key strands:
- Enabling: There were also two newsletters produced about the outputs of the PHH, which were circulated to local authority, NHS and third sector organisations. Additionally, a lunch and learn sessions was delivered in partnership with York CVS, where the Public Health Team at City of York Council, Changing

Lives and York Foodbank shared insights on poverty and deprivation in York. Work has continued on the data infrastructure which underpins population health management, including improving primary care coding, sharing data between agencies, and developing the use of the RAIDR case-finding tool.

- Analysing: Alongside the JSNA the PHH also produced many data pack outputs, all of which are publicly accessible on the website. The topics covered in the data packs included Cost of Living: Understanding and Reducing Health Impacts, A&E Activity by LSOA, PCN Ward Populations and CORE20PLUS5 in York Place of Humber and North Yorkshire ICB. The data packs were utilised by local organisations to support funding applications.
- Doing: a number of PHM projects were completed or initiated, including:
  - a. Living well with Diabetes
  - b. Respiratory social prescribing
  - c. Waiting well
  - d. Brain Health Café

### **Planned work in 2023/2024**

8. There are three needs assessments planned at this time for completion:

**Gypsy Traveller:** At present, we know there are gaps in data about the members of this community who live in York, and this is also reflected nationally. Working with a local organisation, we plan to undertake primary data collection to better understand the needs of this population. This data should complement recent national qualitative data that looked at the lived experiences of this community.

**Women's health:** In the summer of 2022, a national women's health strategy was produced, highlighting the key inequalities faced by women in accessing healthcare across the life course. It is hoped that by highlighting the problems faced by women at local level, the local system can help to address some of the issues identified.

York Population Planning: A report was produced in 2019 charting the expected population growth across the city in the years 2020-2025. It incorporated the proposed housing developments as outlined in the draft local plan, alongside predicted demands on primary care and adult social care caseloads. In light of the latest census data, the introduction of ICBs and place-based working and the introduction of CYC's three new 10 strategies (Health and Wellbeing, Climate Change, Economic), it has been proposed that now would be a good time to update the document.

9. Additionally, it is anticipated that further topic specific needs assessments will arise, either through requests from officers within the local authority and/or external organisations, or in response to local requirements for reactive needs assessments.
10. The JSNA website will also be updated during the 2023/2024 year, to make it more accessible and engaging. It will also bring it in line with other more modern websites, with an aim of increasing the visibility and usefulness of the JSNA and PHH content. The new website will be managed with the CYC Web Services team and the project is expected to take 3-6 months to complete.
11. Further editions of the newsletter are planned to be circulated in the summer and winter. Another lunch and learn session is also currently being planned to be delivered in the Spring.

### **Implications**

12. There are no specialist implications of this report.

### **Recommendations**

13. The Health and Wellbeing Board are asked to:
  - i. Note the content of this report and comment on how the JSNA and work of the Population Health Hub can be further disseminated
  - ii. Comment on the use of the JSNA within their own organisations, and suggest how this use could be increased

Reason: To keep the HWBB updated on the work of the Population Health Hub and the JSNA.

## Contact Details

**Author:**

Phil Truby  
Public Health Specialist  
Practitioner Advanced  
City of York Council  
01904 553959

**Chief Officer Responsible for the report:**

**Chief Officer's name:** Peter Roderick  
**Title:** Consultant in Public Health

**Report  
Approved**



**Date** 02.03.2023

**Wards Affected:**

All



**For further information please contact the author of the report**

**Background Papers:**

All content relating to the overarching JSNA and the associated health needs assessments can be accessed on the JSNA website at

[www.healthyork.org](http://www.healthyork.org)

**Glossary**

CCG – Clinical Commissioning Group

CQC – Care Quality Commission

EYIB – Early Years Improvement Board

ICB – Integrated Care System

JSNA – Joint Strategic Needs Assessment

LSOA – Lower Super Output Area

NHS – National Health Service

PHM – Population Health Management

PHH – Population Health Hub

PNA – Pharmaceutical Needs Assessment

SEND – Special education need and disability