

WILTSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

This is the first Wiltshire JSNA, it is a jointly produced 'living' document which will be continuously updated and added to, as new data and analysis becomes available. It is based on the minimum dataset, suggested by the Department of Health. The Wiltshire Joint Strategic Needs Assessment (JSNA) is an exciting and challenging opportunity, which will evolve through continuous assessment and review to ensure the development and delivery of relevant service to the local population. For the first time ever in Wiltshire, data on a range of themes has been located, analysed and turned into intelligence, which can be used to improve the outcomes of the Wiltshire population.

The work towards the Wiltshire JSNA has been made possible through the collaborative working between the Wiltshire Primary Care Trust, Wiltshire County Council and the buy-in and co-operation of wider stakeholder organisations.

The Wiltshire JSNA will provide a platform for a comprehensive demonstration of the current practice and needs of the local population using both qualitative and quantitative data and information. It will be key to ensuring that commissioning is delivered effectively to parts of the population with greatest need.

Wiltshire JSNA Findings

POPULATION CHANGE – IMPACT ON SERVICES

There are predicted capacity issues for social and health care, particularly as a result of the aging population. Facets of this broad issue include an increasing demand for supported accommodation as an alternative to long-term care, a greater requirement for services to meet the increasing level of those with complex needs, especially amongst the 80+; the escalating costs of care; organisational challenges and opportunities associated with increased joint working between social and health care services.

Recommendations

- ***Further more detailed analysis is carried out on predicted population change and impact on services***
- ***Commissioning plans for services to take account of population changes, and to develop new models of preventative and rehabilitative services.***

REDUCING HEALTH INEQUALITIES

Analysis on the IMD 2007 shows the top 10 most deprived areas of Wiltshire in the health and disability domain. Services need to specifically target these areas to cater for a greater need. Prevention services need to be easy to access in these areas.

Affordable Housing

Towns and villages lack sufficient levels of affordable open market and rented housing.

Transport and Access to Services

Surveys show dissatisfaction with the frequency of services in rural areas.

Education and Training

There is evidence of increasing polarization of skills and earning levels, which needs to be reduced if social and economic consequences are to be avoided. There are too many low skilled, routine jobs in the economy and there is a vulnerability of low skilled manufacturing to national and internal relocation and competition. There are increasing levels of economic inactivity, including roughly 5% of 16-19 year olds who are not in education, employment or training (NEET).

Recommendations

- Targeting of services in areas of greatest need
- More complex analysis of deprivation linked to Practice Based Commissioning Clusters
- Updating and further analysis of rural deprivation and implications for service provision
- Develop and implement strategies to encourage young people to develop skills
- Carry out health equity audits in deprived wards
- Improve access to transport services, and links between services.

IMPROVING HEALTH AND WELL BEING

Prevention is the key to improving health and well being and avoiding ill health.

Recommendations

- Supporting individuals to keep well and avoid illness (lifestyle)
- Improving sexual health (Chlamydia screening/ 24 hour access GUM/ HPV vaccine)
- Improving dental health
- Improve information to people about services and lifestyles

REDUCING ALL AGE ALL CAUSE MORTALITY/ DECREASE AVOIDABLE ILLNESSES

The burden of early mortality in Wiltshire is from Coronary Heart Disease and Cancer. Chronic diseases play a considerable role in reducing the quality of life for Wiltshire residents. It is essential that services in these clinical areas are evidence based and cost effective and aim to give patients the best possible outcomes.

Wiltshire has a higher rate of mortality from road traffic accidents than both England and the South West. WCC is not responsible for all roads, so there is a role to play influencing the Highway Agency to help to reduce avoidable injury.

Recommendations

- Work closely with clinicians to implement NICE guidelines and Care Pathways
- Influence the Highway Agency to prioritise Wiltshire roads
- Implement strategies to reduce mortality from Road Traffic Accidents
- Ensure stop smoking services are easily accessible

MAXIMISE INDEPENDENCE (decrease hospital stays/ services in communities)

The strategic direction of services is to provide more care in the community, closer to people's home to give people greater choice over where and how they receive care when needed.

Recommendations

- To further analyse hospital admissions data to concentrate on service areas to reduce unnecessary admissions
- To extend access to community matrons, particularly to those with long term health conditions
- To provide local and accessible services, and more inter-agency working to ensure cohesive delivery.
- To Promote self and supportive care and to implement the falls prevention strategy
- To work with the third sector to encourage volunteering in the community
- To commission alternatives to long-term care, including extra-care housing and assistive technology
- To further analyse programme budgeting information

Support Carers

Carers in Wiltshire are not always recognised as partners in service provision and investing in support to carers will result in better care and choices for the cared for person.

Recommendations

- To Extend support to carers, including young carers
- To increase the number of people who identify themselves as carers

SUPPORT PEOPLE WITH LONG TERM HEALTH NEEDS

The Disability Equality Schemes have highlighted areas of further work on services for people with disabilities.

Recommendations

- Support people with long term health needs by delivering care pathways
- To set up a system of systematically collecting and analysing data for people with long term health conditions
- To support disabled people to choose and control their own services through personal budgets
- To prioritise the implementation of the Disability Action Plans
- To continue to involve disabled people in service planning and commissioning of services

DELIVERING HIGH QUALITY CARE

Community engagement has identified the top three priorities for Health services and these need to be a key focus.

Recommendations

- Cleaner hospitals and reducing healthcare associated infections
- More focus on prevention and promoting health
- Improved emergency services (covering A&E, urgent care and ambulances)

CHILDREN

The *Children and Young People in Wiltshire Needs Assessment 2008*, highlights key areas to focus on to deliver services which meet the needs of Children and Young People.

Recommendations

- Focus on the health and well being of Looked after Children
- Reduce teenage pregnancies

- To prioritise the needs of children with disabilities and to ease the transition from children's to adult services.

ENSURE COMMUNITY ENGAGEMENT

It is essential that the JSNA strategy includes a plan for joint community engagement.

Recommendations

- A clear strategy for community engagement for the JSNA linked to existing County Council and PCT processes.

Further Analysis

Recommendations

The initial review of JSNA data has highlighted a need for further and more complex analyses to be carried out at the 20 community area level and on predicting future trends on the following groups;

- **Older people**
- **Carers**
- **Economically disadvantaged, especially children**
- **Disenfranchised young people**
- **People with physical disabilities/long-term conditions**
- **People with learning disabilities**
- **BME/Migrant**
- **Transitional populations**
- **Disabled and people with learning difficulties**
- **Military**

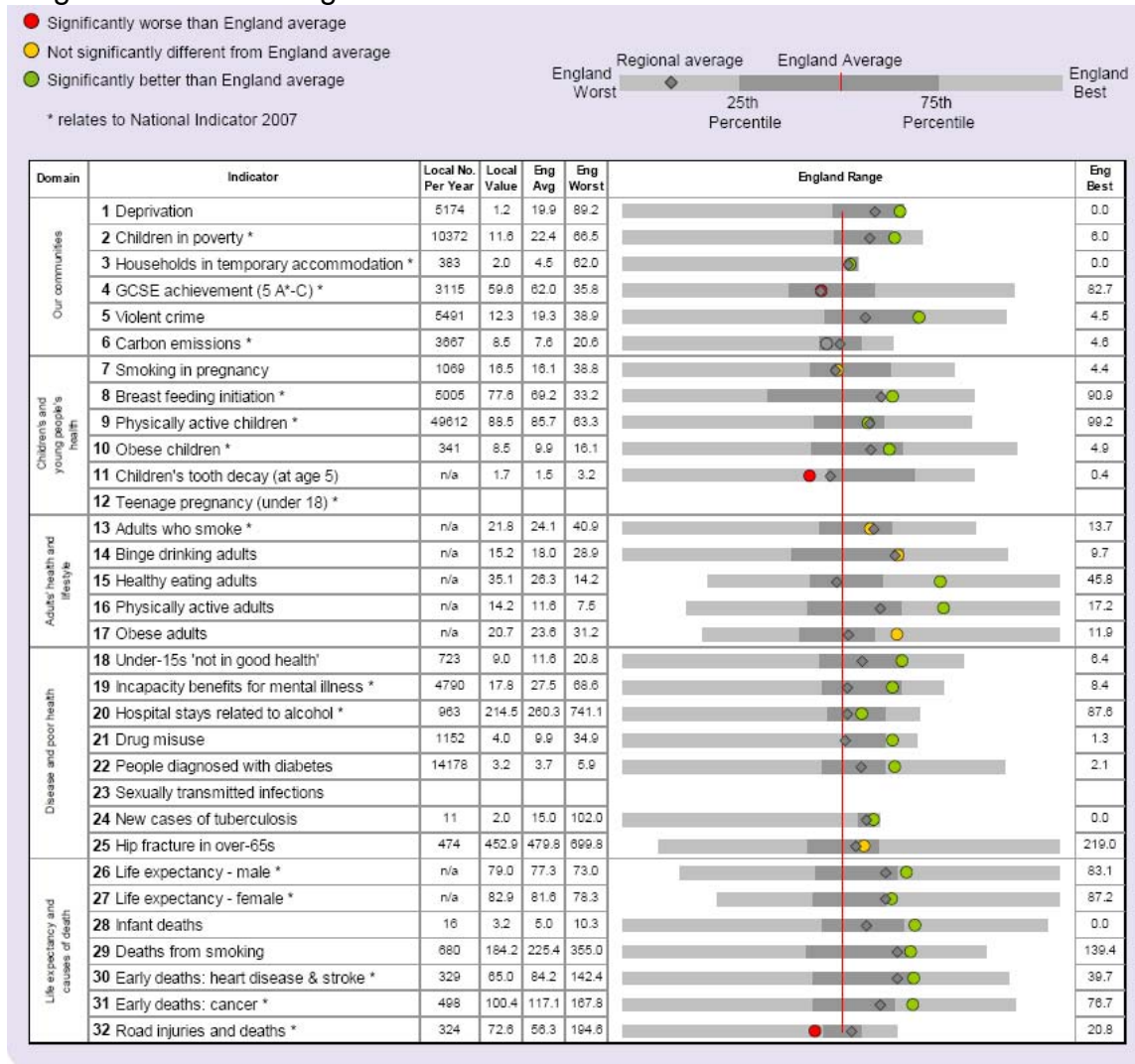
The success of the Wiltshire JSNA is reliant on the endorsement of senior staff within Wiltshire PCT and Wiltshire County Council, so that throughout both organisations it is seen as a priority and an important commissioning tool.

Recommendation

- Senior staff, representing Wiltshire PCT and Wiltshire County Council sign off the forward for the Wiltshire JSNA

Health in Wiltshire

The chart below shows how people's health in Wiltshire, compares to the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which is shown as a bar.¹



Note (numbers in bold refer to the above indicators)

1 % of people in this area living in 20% most deprived areas of England 2005 2 % of children living in families receiving means-tested benefits 2005 3 Crude rate per 1,000 households 2005-2006 4 % at Key Stage 4 2006-2007 5 Recorded violence against the person crimes (crude rate per 1,000 population) 2006-2007 6 Total end user CO2 emissions per capita (ktonnes CO2 per resident) 2005 7 % of mothers smoking in pregnancy where status is known 2006-2007 8 % of mothers initiating breast feeding where status known 2006-2007 9 % 5-16 year olds who spend at least 2 hrs/wk on high quality PE and school sport 2006-2007 10 % Schoolchildren in Reception year. 2006-2007 11 Average (mean) number of teeth per child which were actively decayed, filled, or had been extracted (age 5) 2005-2006 12 Under-18 conception rate per 1,000 females (crude rate) 2003-2005 13 % Direct estimate from Health Survey for England. 2003-2005 14 % Direct estimate from Health Survey for England. 2003-2005 15 % Direct estimate from Health Survey for England. 2003-2005 16 % aged 16+ 2005/06 17 % Direct estimate from Health Survey for England. 2003-2005 18 % who self assessed general health as 'not good' (directly age standardised) 2001 19 Crude rate per 1,000 working age population. 2006 20 Directly age and sex standardised rate per 100,000 pop. 2006-2007 21 Crude rate per 1000 population aged 15-64. No significance calculated for lower tier authorities. 2005-2006 22 % of people on GP registers with a recorded diagnosis of diabetes. 2005-2006 24 Per 100,000 population (3-year average crude rate) 2004-2006 25 Directly age-standardised rate for emergency admission 2006/07 26 At birth, years 2004-2006 27 At birth, years 2004-2006 28 Rate /1,000 live births 2004-06 29 Per 100,000 population age 35+, directly age standardised rate. 2004-2006 30 Directly age standardised rate/100,000 pop. under 75 2004-2006 31 Directly age standardised rate/100,000 pop. under 75 2004-2006 32 Per 100,000 population (3-year average crude rate) 2004-2006

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¹ Taken from Wiltshire Health Profile 2008. www.healthprofiles.info