

Joint Strategic Needs Assessment (JSNA)

Core Focus

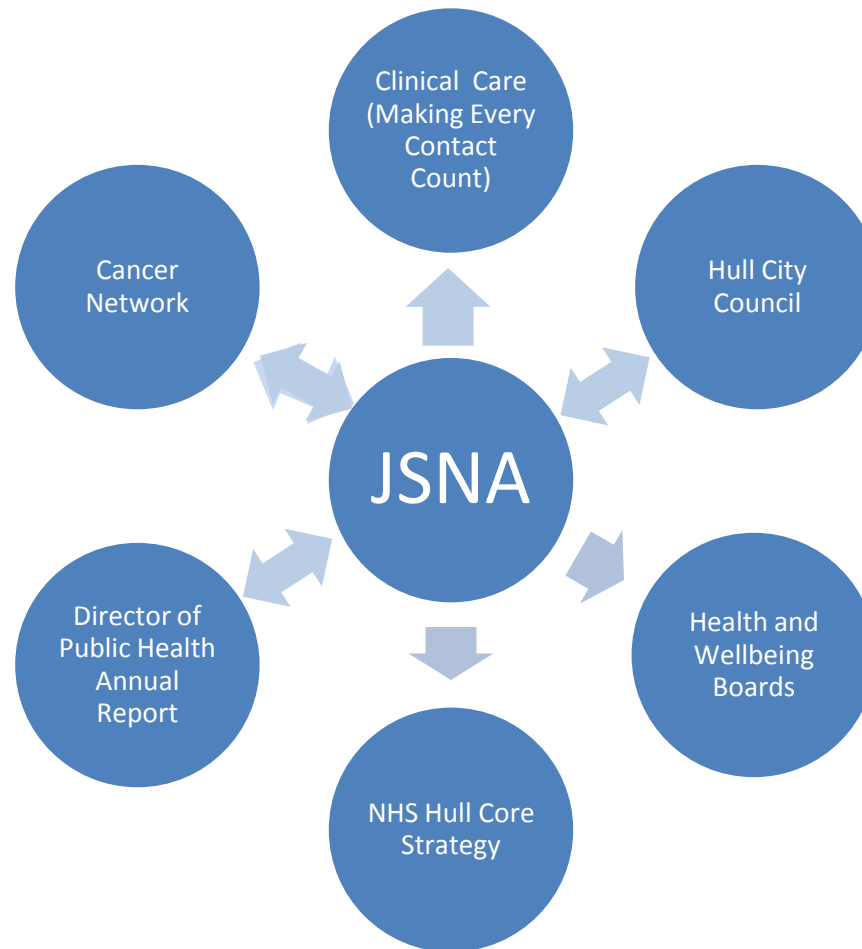
JSNA Core Focus

This “core focus” document provides a summary of “need” assessed by the JSNA, Hull’s “commissioning response” to this need, and information on outcomes, evaluation and targets.

Reports on websites

- [JSNA Foundation Profile](#) (1,000 pages)
- [JSNA Refresh 2010/11](#) (130 pages)
- [JSNA Atlas](#) (Interactive mapping of information at ward level)
- [JSNA Public Health Profiles for Hull](#) (60 pages, ward summaries)
- [JSNA Summaries](#) (2, 3 and 4 page summaries of health in Hull)
- [Equity Audits](#) (Coronary Heart Disease, Cancer, Mental Health, Diabetes, Chronic Obstructive Pulmonary Disease, Stroke)
- [Adult and Young People Health and Lifestyle Survey reports including reflector groups](#) (and for other groups such as Black and Minority Ethnic population, Gypsy and Travellers, and Veteran)
- [Social Capital Survey reports](#)
- [Ad-hoc reports](#) e.g. Index of Multiple Deprivation 2010, Programme Budgeting reports, individual reports on obesity and exercise, smoking, and alcohol.
- [Director of Public Health Annual Reports](#)

JSNA – Information for a Variety of Needs



JSNA Core Focus 1

- About Hull
- Healthy Lifestyles
- Coronary Heart Disease
- Stroke
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Cancer
- Mental Health

JSNA Core Focus 2

- Children and Young People
- Primary and Community Care
- End of Life Care
- Sexual Health
- Substance Misuse
- Urgent Care
- Older People

About Hull

- There are approximately 265,000 residents.
- The population is projected to increase by 2.7% by 2030.
- Approximately 290,000 patients are registered with GPs in Hull.
- Ethnicity estimates have increased substantially (from 3.3% in 2001 to 10.9% in 2009).
- Over half of areas in Hull are in the most deprived 20% of England.

Healthy Lifestyles: Smoking

- **JSNA – What is the need?**
 - One in three smoke, and slightly more men than women.
 - More than half smoke in some wards.
 - For year 11 (15-16 years), one in three girls smoke (twice the rate of boys).
 - During 2009/10, the smoking in pregnancy rate was 23%
 - Insight into smoking: reasons, drivers, etc
- **CORE STRATEGY – Commissioning response to need?**
 - Additional stop smoking services.
 - Targeted social marketing.
 - Smoking prevention in schools.
- **OUTCOMES – Evaluation and JSNA targets**
 - Targets for 2009/10 relating to adult smokers have not been achieved, but 3,500 people quit smoking (4-week quits) through stop smoking services which was above local targets for 2009/10.
 - Prevalence targets for young people and smoking in pregnancy were achieved.

Healthy Lifestyles: Obesity

- JSNA – What is the need?

- 18% of men and 23% of women obese (similar to England). Prevalence increases with age, but even in those aged 4-5 years the rate is around 10%.
- Exercise levels and 5-A-DAY are lower in Hull compared to England.
- Insight into diet and exercise: reasons, drivers, etc

- CORE STRATEGY – Commissioning response to need?

- Continuation and expansion of weight management services, with differing services for different groups.

- OUTCOMES – Evaluation and JSNA targets

- Evaluation of local weight management services has shown statistically significant improvements in physical and mental health among those who continued the programme.
- Targets for the prevalence of obesity have not been achieved, but the trend of increasing obesity prevalence in children aged 4-5 and 10-11 years has slowed.

Healthy Lifestyles: Alcohol

- JSNA – What is the need?

- Compared to England, a lower percentage in Hull drink excessively, but binge drinking is higher (33% in men and 18% in women in Hull). Rates highest in young men.
- One in ten secondary pupils drank alcohol every week.
- Insight into alcohol: reasons, drivers, etc.

- CORE STRATEGY – Commissioning response to need?

- Increase and improving identification, and brief advice.
- Alcohol Reduction Programmes for adults and young people.
- Partnership working (police, licensing, etc).

- OUTCOMES – Evaluation and JSNA targets

- The strategies aim to reduce alcohol related hospital admissions, the prevalence of hazardous and harmful drinking, and alcohol-related violent crime.

Coronary Heart Disease

- JSNA – What is the need?

- Prevalence on QOF registers is 3.8% (2009/10).
- Admission rates are 57% higher in most deprived 20% of Hull compared to least deprived 20%, but angioplasty and revascularisation only 51% and 42% higher respectively (premature mortality rates are 44% higher).
- Premature mortality rates 46% and 74% higher for men and women respectively compared to England.

- CORE STRATEGY – Commissioning response to need?

- NHS Health Checks to reduce undiagnosed prevalence and target those at increased risk.
- Optimal care, redesign of services and home based telehealth service.

- OUTCOMES – Evaluation and JSNA targets

- The ambitious target to reduced CHD mortality in Hull by a rate that is 20% higher than recent reductions in England has not been achieved, but mortality from CHD has decreased in Hull (by an average of 6.7 deaths per 100,000 population (standardised mortality rate) between 1995-97 and 2007-09).

- JSNA – What is the need?

- Prevalence on QOF registers is 1.54% (2009/10) lower than England (1.68%). The prevalence of the risk factor atrial fibrillation was 1.10%, lower than the average of comparator areas (1.29%).
- Admission rates vary substantially among the area committee areas (160 v 230 age-standardised admissions per 100,000 population).
- Premature mortality rates 27% and 34% higher for men and women respectively compared to England.

- CORE STRATEGY – Commissioning response to need?

- Identifying and optimising treatment for those with atrial fibrillation.
- Establish immediate services for high risk transient ischaemic attack patients.
- Develop hyper acute stroke services and early supported discharge.

- OUTCOMES – Evaluation and JSNA targets

- The ambitious target to reduce premature stroke mortality in Hull by a rate that is 20% higher than recent reductions in England was achieved for 2007-09 with relatively large reductions in mortality for 2009, and also reductions compared to England (premature mortality rates were 38% and 68% higher for men and women respectively for 2006-08).

Chronic Obstructive Pulmonary Disease

• JSNA – What is the need?

- Prevalence on QOF registers is 2.06% (2009/10). Since 2004/05, the prevalence on Hull's COPD register has increased by 28%, which is higher than England's increase of 15%.
- Men living in St Andrew's ward have admission rates three times higher, and women living in Orchard Park & Greenwood have admission rates almost five times higher than Beverley ward.
- Premature mortality 94% higher for men compared to England and more than double that of England for women. Fifth highest for both men and women out of the 151 PCTs. Mortality rates are increasing particularly among women (due to historical patterns of smoking).

• CORE STRATEGY – Commissioning response to need?

- Increase public understanding of COPD and links with smoking.
- Improve diagnosis rates by targeting practices with low prevalence. Spirometry screening for smokers aged over 35 years.
- Transform care pathway, increase long term care support out of hours and provide pulmonary rehabilitation that is equitable across Hull.

• OUTCOMES – Evaluation and JSNA targets

- The target was to increase the prevalence of COPD on the QOF registers by 30% between 2006/07 and 2012/13. From the baseline 2006/07, the year-on-year increases were around 4% each the next two years, increasing to around 10% for last two years. For the latest year 2009/10, the numbers have increased by 21.5% (which is above the 20% target for 2009/10).

Diabetes

- JSNA – What is the need?

- Prevalence on QOF registers is 5.2% among those aged 17+ (2009/10) which is lower than England (5.4%) and among the lowest of comparator areas. Around 12,300 patients are on the register, but modelling suggests there should be 16,600.
- Mortality rates with a primary cause of diabetes are relatively low, but life expectancy is reduced by around 7 years for type 2 diabetes.
- An equity audit suggested excess admissions and mortality relative to prevalence in the most deprived compared to less deprived areas.

- CORE STRATEGY – Commissioning response to need?

- To reduced undiagnosed prevalence through increasing public awareness, carrying out a specialist audit to detect high risk patients and providing access oral glucose tolerance tests for all practices.
- Access to multi-disciplinary support team and structure patient education programmes to optimise treatment and care.

- OUTCOMES – Evaluation and JSNA targets

- The prevalence of diabetes among those aged 17+ years has increased over time by 7.9% between 2007/08 to 2008/09, and by 5.7% between 2008/09 to 2009/10. To achieve the target prevalence of 6.1% by 2013/2014 the annual increase would need to be 4.1% (so Hull is in line to achieve this target if current increases in the prevalence increase).

- JSNA – What is the need?

- Cancer admission rates differed two-fold among wards.
- Premature mortality rates were 30% higher than England for all cancers, but 80% higher for lung cancer (17% higher for breast cancer). For the most deprived, premature lung cancer mortality rates were much higher in Hull in relation to its comparators, and were 3rd and 6th highest among the 151 PCTs for men and women respectively.
- Screening uptake rates differed substantially among practices (43% to 88% for breast cancer, 52% to 91% for cervical cancer, and 25% to 71% for colorectal cancer).

- CORE STRATEGY – Commissioning response to need?

- Early detection of cancer by increasing public awareness of cancer signs and symptoms, and number of patients seeking their GP's advice.
- Increase screening uptake rates.
- Increase number of people diagnosed with cancer referred to multidisciplinary team.

- OUTCOMES – Evaluation and JSNA targets

- The target is to meet and sustain screening uptake rates of 80% for breast and cervical cancer and 60% for colorectal cancer for all practices by 2013/2014. For the baseline year 2009/10, 10 (17%) and 36 (60%) practices had breast and cervical screening rates respectively which were 80% or higher. Between 1st January and 30th September 2010, 14 (23%) practices had colorectal screening uptake rates 60% or higher.

Mental Health

- JSNA – What is the need?

- Prevalence on QOF registers is 0.32% for dementia and 0.76% for severe mental health.
- In May 2009, 5,200 (3.0%) residents of working age were claiming Severe Disablement Allowance for mental health reasons (7.2% in Myton ward).
- Of the 188 failed asylum seekers participating in the 2007 Black and Minority Ethnic Health and Lifestyle Survey, 32% said that they were “so unhappy that life is not worthwhile” and a further 23% were “very unhappy”.
- Over three years, there were 3,200 inpatient admissions for mental and behavioural disorders (half of which were due to alcohol or substance misuse).
- Over three years, there were 207 dementia deaths, over 40 deaths due to mental and behaviour disorders due to psychoactive substance abuse, and 91 suicides.

- CORE STRATEGY – Commissioning response to need?

- To operate a single point of access to improved mental health services.

- OUTCOMES – Evaluation and JSNA targets

- Satisfaction with current services is the outcome measure for mental health.

Children and Young People

- JSNA – What is the need?

- Infant mortality was 6.5 deaths per 1,000 live births, which was higher than England (4.6), but had reduced since the baseline year 2006 (6.9).
- Smoking in pregnancy was 23%, which was higher than comparator areas.
- Breast feeding initiation rates were 56%, lower than Hull’s comparators. Rates were strongly associated with ethnicity and deprivation.

- CORE STRATEGY – Commissioning response to need?

- To reduce infant mortality through addressing smoking in pregnancy, breastfeeding, support for vulnerable women, early access to maternity services, and improving maternal health and nutrition.

- OUTCOMES – Evaluation and JSNA targets

- Infant mortality was 6.9 deaths per 1,000 live births for the baseline year (2006), so there has been a slight reduction between 2006 and 2009. However, the reduction needs to be greater than England’s reduction as the target is to achieve the same infant mortality rate as England by 2013/14.

Primary and Community Care

- JSNA – What is the need?
 - There are approximately 48 GPs per 100,000 population compared to a national average of 62.
 - The average list size is over 2,000 patients per whole time equivalent GP (higher than the national average of 1,600).
 - The number of single handed practices is high at 40%.
- CORE STRATEGY – Commissioning response to need?
 - Introduce more GP services to increase choice, access and the range of services available.
 - Introduce a new contact performance management process focussed on service quality.
 - Improve access to community based services.
- OUTCOMES – Evaluation and JSNA targets
 - The goal is to improve equity of access to primary medical services, community based services, and the quality of those services to improve.

End of Life Care

- JSNA – What is the need?

- The percentage of all deaths occurring at home was 18.8% for 2007-09 (22.6% for men and 15.0% for women), which was lower than most of Hull's comparator areas.
- The prevalence on the QOF palliative care register is 0.17% which was higher than England (0.14%) and a number of Hull's comparator areas.

- CORE STRATEGY – Commissioning response to need?

- Training and education for staff involved in end of life care.
- Advanced care planning to ensure patient centred care.
- Family and carer support to ensure the needs of families and carers are assessed.
- Provision of appropriate levels of care for people approaching end of life in the community.

- OUTCOMES – Evaluation and JSNA targets

- The target is to achieve 26.5% of all deaths to occur at home by 2013/14.

Sexual Health

- JSNA – What is the need?

- Whilst the crude abortion rate of 16.4 per 1,000 women aged 15-44 was lower than England and most comparator areas, the percentage within 0-9 weeks was considerably higher than the average of the comparators areas (47% versus 68%).
- Chlamydia screening rates for those aged 15-24 years was 27.1% which was higher than most comparators areas.
- The under 18 pregnancy rate was 64 per 1,000 women aged 15-17 years which was the highest amongst comparator areas.

- CORE STRATEGY – Commissioning response to need?

- To promote the consequences of risk taking with regard to sexual health.
- To improve access to contraception to reduce unintended pregnancy.
- To increase level of screening for sexually transmitted infections.

- OUTCOMES – Evaluation and JSNA targets

- The aims are to increase the percentage of terminations carried out within three weeks of referral and under 10 weeks, increase awareness and choice of contraceptive methods, increase Chlamydia screening uptake rates, and support an increase in early identification and treatment of all sexual transmitted infections.

Substance Misuse

- JSNA – What is the need?

- It is estimated that there are around 3,500 problematic drug users in Hull.
- Approximately 5% of year 7 (aged 11-12) increasing to 19% of year 11 (aged 15-16 years) pupils had been offered or encouraged to use drugs within the last three months. Virtually no year 7 pupils has used drugs, but 20% of year 11 pupils had used drugs (mainly cannabis). Young people aged 16-18 years, thought drugs were not “*that much of a big deal*”.
- Over one-quarter of year 11 pupils drank alcohol every week, and around 20% got drunk at last once a week. Just over one in ten year 11 pupils drank more than the adult recommended number of alcohol units per week.
- Over three years, there were 1,600 inpatient admissions related to substance abuse (including alcohol). Over three years, there were over 40 deaths due to mental and behaviour disorders due to psychoactive substance abuse.

- CORE STRATEGY – Commissioning response to need?

- Work in partnership with Hull Community Safety Partnership to produce reduce the number of people with drug problems, improve treatment and support for those with drug problems, and increase awareness of the risks involved with alcohol.

- OUTCOMES – Evaluation and JSNA targets

- The estimated number of problem drug users decreased from 20.9 to 18.2 per 1,000 population aged 15-64 years over the period 2006/07 to 2008/09.

Urgent Care

- JSNA – What is the need?
 - Age-standardised admission rates varied by more than 30% among the wards (between 251 and 331 admissions per 1,000 population).
 - Residents of Myton and St Andrew’s wards had the highest percentage of non-elective admissions to total admissions (47%), whereas residents of Holderness, Beverley and Bricknell wards had the lowest (33%).
- CORE STRATEGY – Commissioning response to need?
 - To implement a high quality urgent care pathway that ensures fast assessment of need and the provision of immediate treatment or transfer to a more appropriate setting, with effective discharge on completion of treatment.
- OUTCOMES – Evaluation and JSNA targets
 - The aim is to improve access to primary care, increase use of walk-in centres and minor injury units and reduce attendance at the emergency department.

Older People

- JSNA – What is the need?

- For 2010, it is estimated that there are 36,200 people aged 65+ years living in Hull representing 13.6% of the population, but that this will increase to 51,900 (16.6%) by 2030. Over this time, it is estimated that the percentage aged 85+ years will increase from 1.7% to 2.5%.
- Between 2010 and 2030, it is estimated that the number aged 65+ years who cannot manage at least one domestic task will increase from 14,900 to 21,400, and who cannot manage at least one self-care task will increase from 12,200 to 17,500. The number with limiting long-term illness or disability is expected to increase from 19,200 to 27,600 residents.

- CORE STRATEGY – Commissioning response to need?

- The goal is to provide more services which support older people to stay in their homes longer by increasing access to and choice of a range of healthcare services in the community, and reduce hospital admissions in those aged 65+ years by 25% by 2013/14.

- OUTCOMES – Evaluation and JSNA targets

- There has been an increased trend for medical elderly admissions including those with a length of stay less than 24 hours.