



TRAFFORD  
COUNCIL

# Update on the Joint Strategic Needs Assessment

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Public Health Intelligence

September 2024

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# Joint Strategic Needs Assessment

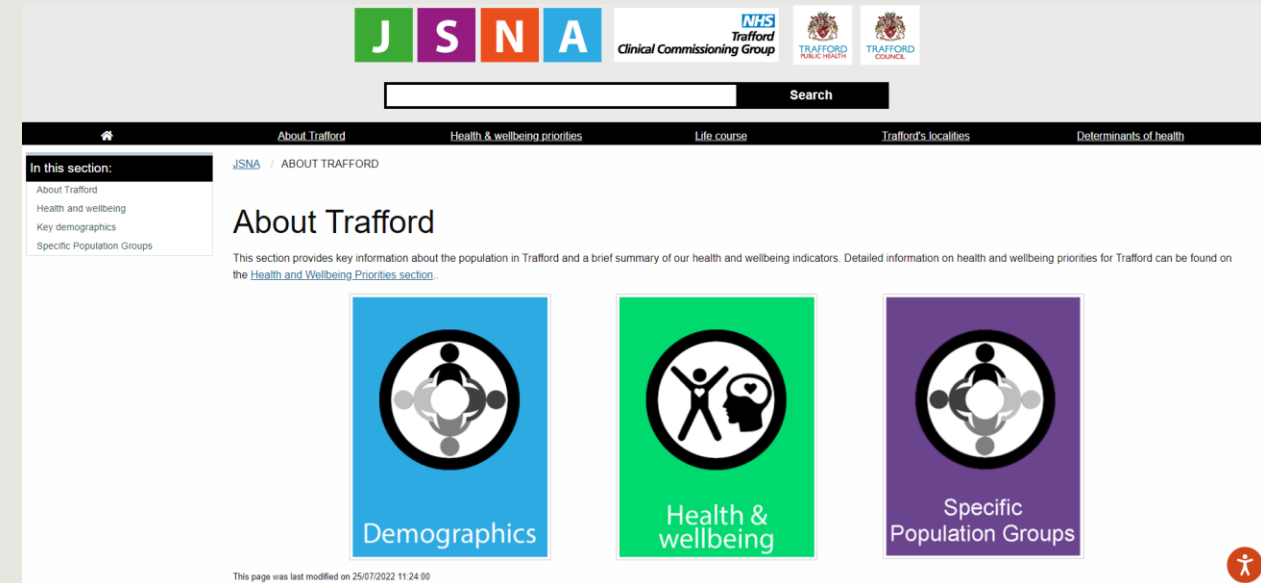
Update Sept 2024

# What is the JSNA?

- A ‘Joint Strategic Needs Assessment’ (JSNA) is a specific statutory requirement that local authorities must meet. The Health and Wellbeing Board has responsibilities in its development and delivery.
- Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies:
  - “JSNAs are assessments of the **current and future health and social care needs of the local community** – these are needs that could be met by the local authority, [ICBs], or the NHS CB. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The policy intention is for health and wellbeing boards to also consider **wider factors that impact on their communities’ health and wellbeing**, and **local assets** that can help to **improve outcomes** and **reduce inequalities**. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.”

# Trafford's JSNA

- Published online:  
<https://www.traffordjsna.org.uk/>
- Key sections
  - Demographics
  - Life course
  - Health priorities
  - Neighbourhoods
- Core content updated on an ongoing basis
- Deep dives on topic-specific needs assessments (involving specialist work programmes)



The screenshot displays the website's header with the 'JSNA' logo in large, colorful letters (J in green, S in purple, N in orange, A in blue). To the right are logos for NHS Trafford Clinical Commissioning Group, Trafford Public Health, and Trafford Council. A search bar is positioned below the logos. The main navigation bar includes links for 'About Trafford', 'Health & wellbeing priorities', 'Life course', 'Trafford's localities', and 'Determinants of health'. A sidebar on the left lists 'In this section:' with links to 'About Trafford', 'Health and wellbeing', 'Key demographics', and 'Specific Population Groups'. The main content area is titled 'About Trafford' and includes a brief summary of the population and health indicators. Below the text are three large, colorful icons: a blue icon for 'Demographics', a green icon for 'Health & wellbeing', and a purple icon for 'Specific Population Groups'. A small red accessibility icon is visible in the bottom right corner. At the bottom of the page, it states 'This page was last modified on 25/07/2022 11:24:00'.

# Updates to the core JSNA content

- **Continuing programme of updates to general content as and when new statistics are made available**
- **Publication of Census data in 2023 enabled many updates on population characteristics**
- **Other data updated on longer cycles according to when it is published by providers e.g.**
  - Index for Multiple Deprivation (IMD) was last published in 2019
  - Office for National Statistics Population projections data next due for update in 2025

# Updates to the core JSNA

Update year	Topic	Notes
2022/23	Key demographics – Life expectancy, Population, Ethnicity Life course – Start well HWBB priorities – Mental Health, Alcohol, Physical Activity, Smoking Cancer	
2023/24	Life course – Live Well, Age Well About Trafford – Health and Wellbeing	
In progress/planned for 2024/25	Specific population groups Neighbourhood profiles	Neighbourhood profiles to be revised in consultation with neighbourhood programme
Paused (awaiting data provider updates)	Deprivation (IMD data) Population projections (ONS data)	ONS data due 2025

# Topic-specific needs assessments

- Usually conducted in response to a request from commissioners, governance structures, or statutory requirements
- Recent needs assessments with Public Health Involvement:

Topic	Date of last update	Statutory?
Serious Violence Duty	2024	Yes
Alcohol and substance misuse	2024	No
Smoking	2024	No
Oral Health	2024	No
Sexual health	2023	No
Health inequalities	2023	No



# Topic-specific needs assessments

- Ongoing/proposed needs assessments with PH involvement:

Topic	Confirmed/proposed start date	Statutory?
Mental Health	2024	No
Contraception	2024	No
Pharmaceutical services	2025	Yes
Weight management services	2025	No
Health of Looked After Children (focusing on healthy weight, immunisations and health checks)	TBC	No
Seldom heard / inclusions groups	TBC	No

# HWBB priorities

Data related to key priorities

Health and Wellbeing Board Priority	Governance
To support our residents to be a healthy weight	Healthy Weight Steering Group
To reduce the impact of poor mental health	All Age Mental Health Group
To reduce the number of people who smoke or use tobacco	Trafford Tobacco Alliance
To reduce physical inactivity	Trafford Moving
To reduce harms from alcohol	Alcohol, Substance Misuse and Gambling Partnership

# To support our residents to be a healthy weight

	2022/23			Trafford recent trend
	Trafford	England	Trafford rank among statistical neighbours (1=worst; 16=best)	
Reception prevalence of overweight (including obesity)	17.8%	21.3%	13	→
Year 6 prevalence of overweight (including obesity)	31.8%	36.6%	13	→
Overweight (including obesity) prevalence in adults	60.4%	64.0%	11	→

*(NB: Nearest statistical neighbours are NHS England's grouping)*

## Numbers completing and outcomes of Slimming World weight management programme; Trafford and priority deprived areas within Trafford; 2023/24

	Trafford				Deprived areas			
	Number	%	Achieved 5% weight loss		Number	%	Achieved 5% weight loss	
			Number	%			Number	%
Non completers	450	37.9%	50	11.1%	48	43.6%	5	10.4%
Completers	738	62.1%	477	64.6%	62	56.4%	38	61.3%
Total starting programme	1,188	100.0%	527	44.4%	110	100.0%	43	39.1%

Around two-thirds of those completing the programme achieved a weight loss of 5% or more. The figure was similar in the priority deprived areas (61.3%).

# To reduce the impact of poor mental health

		Trafford	England	Trafford recent trend
Emergency hospital admissions for intentional self-harm (DSR per 100,000 popn)	2022/23	101.3	126.3	↓
Admission episodes for mental and behavioural disorders due to use of alcohol (DSR per 100,000 popn)	2022/23	66.8	57.8	↓
Suicide rate (DSR per 100,000 population)	2021-23	10.3	10.7	
Excess under 75 mortality rate in adults with severe mental illness	2020-22	444.3%	385.9%	
Percentage of school pupils with social, emotional and mental health needs	2022/23	3.0%	3.3%	↑

*(NB: DSR stands for Directly age standardised rate. This is a way of comparing populations with different age structures.)*

# To reduce the number of people who smoke or use tobacco

	2022	
	Trafford	England
Smoking prevalence in adults (18+)	8.0%	12.7%
Smoking prevalence in adults (18-64) in routine & manual occupations	17.4%	22.5%

Trafford adult smoking prevalence has more than halved from 18.2% in 2011 to 8.0% in 2022, significantly lower than the England average. Prevalence in the routine and manual group has also reduced from 32.2% in 2011 to 17.4% in 2022.

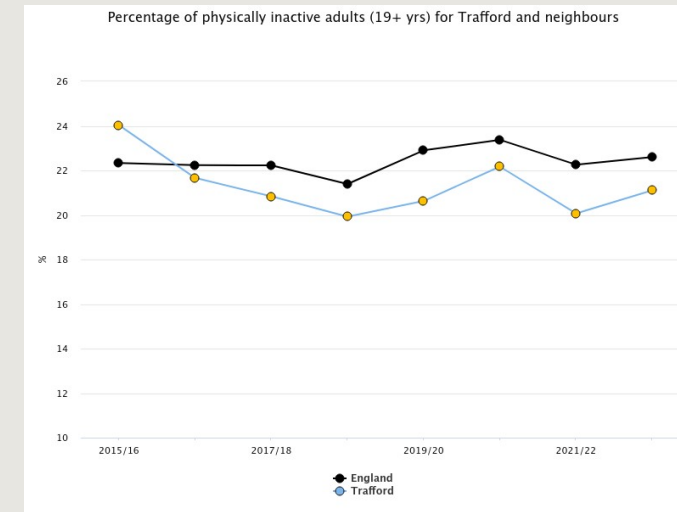
Access to smoking cessation support		
All Trafford services	Q4 2023/24	Q1 2024/25
Number setting a quit date	150	213
Number quitting	30	23
Number of young people accessing smoking cessation or illicit e-cig support	33	55
Number of new referrals for adults with a serious mental illness	45	12

NB: The number of new referrals for adults with a serious mental illness is lower in Q1 2024/25 due to team changes and a brief pause in the service

# To reduce physical inactivity

	2022/23		
	Trafford	England	Trafford rank among statistical neighbours (1=worst; 16=best)
Percentage of physically active adults	68.4%	67.1%	9
Percentage of physically inactive adults	21.1%	22.6%	11
Percentage of physically active children & young people	44.0%	47.0%	6

*(NB: Nearest statistical neighbours are NHS England's grouping)*



An estimated 1 in 5 Trafford adults is inactive, similar to England. However, both locally and nationally the proportion has not been reducing substantially over time with the figure at 2015/16 standing at 24% for Trafford.

## Access to Active Living Physical Activity Referral Scheme; 2023/24

Number of referrals into the scheme	860	Number completing scheme	170
Number taking up offer	401	Number leaving early	56
Percentage taking up offer	46.6%	Total	226
		Proportion completing	75.2%

Less than half of those referred into the scheme take up the offer. However, proportion completing is high at 75%

# To reduce harms from alcohol

	Period	Trafford			England
		Number	DSR per 100,000 popn	Recent trend	DSR per 100,000 popn
Alcohol related mortality	2022	85	38.1	→	39.7
Admission episodes for alcohol-specific conditions	2022/23	1,303	579	↓	581
Admission episodes for alcohol-related conditions (Narrow)	2022/23	797	354	↓	475

(NB: The narrow measure of admission episodes is where the primary diagnosis (main reason for admission) is an alcohol-related condition)



# Broader HWBB Responsibilities

- **Joint Strategic Needs Assessment**
- **Better Care Fund**
- **Child Deaths in Trafford**
- **Health protection and infection prevention and control**
- **Trafford's Women's Voices**

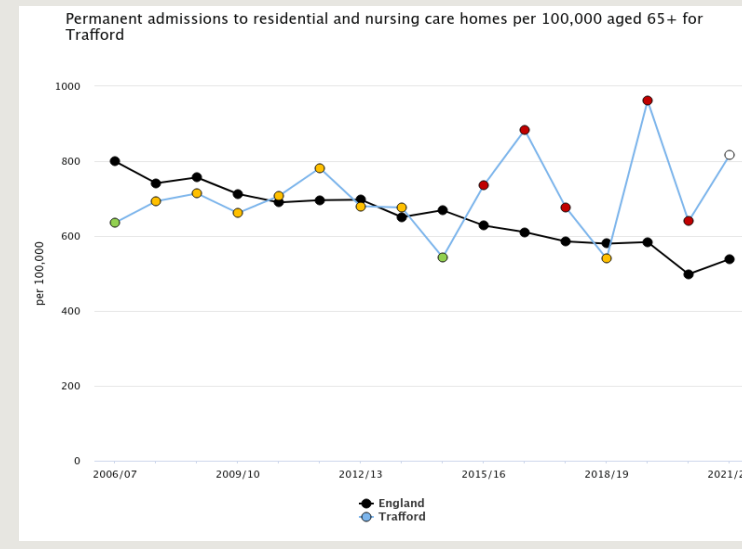
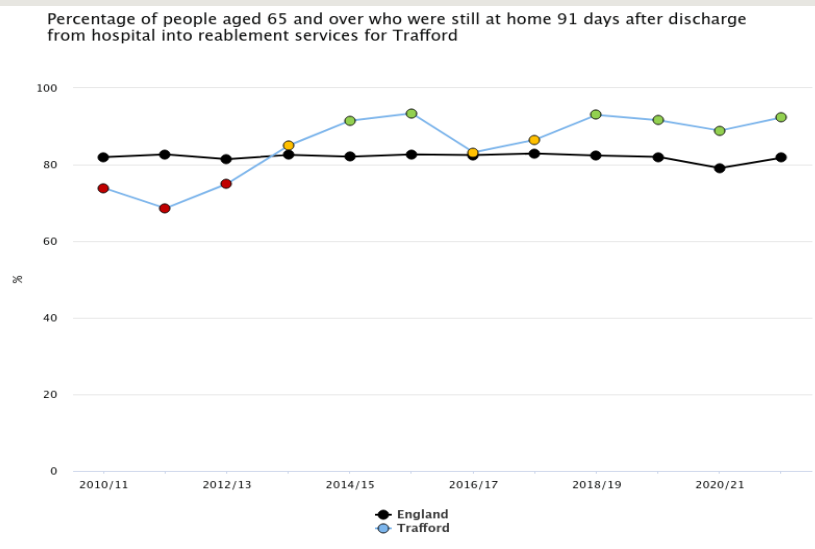
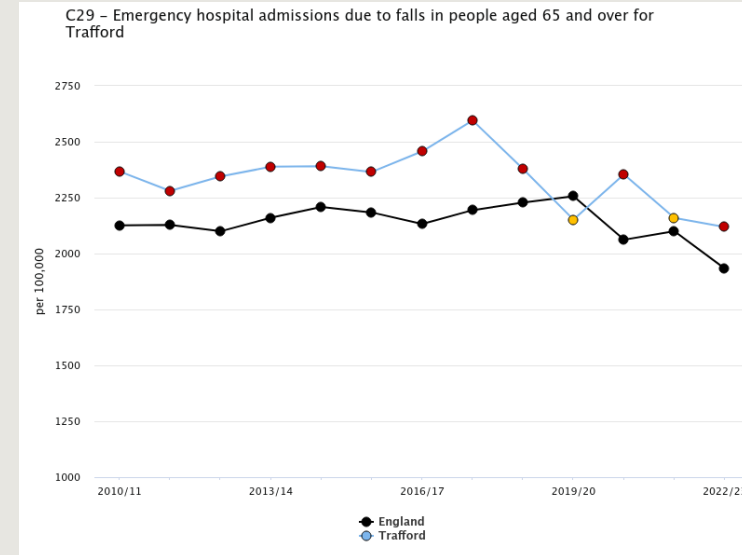
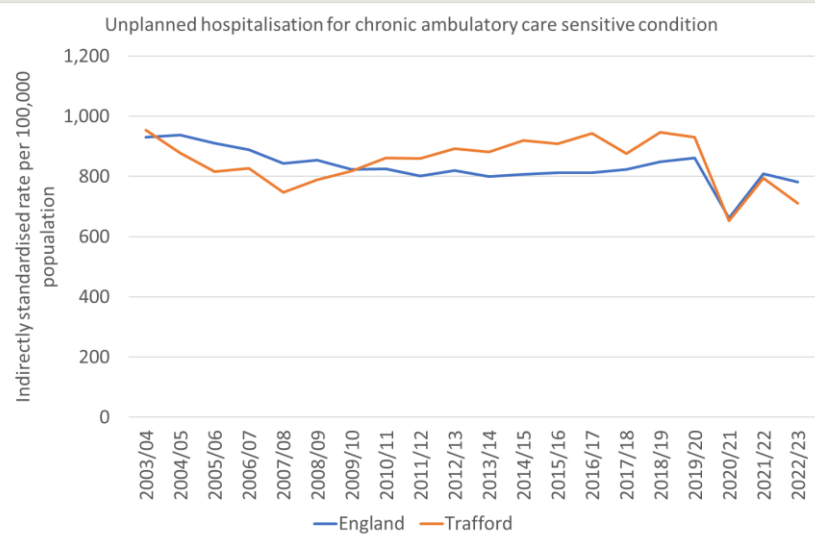
# Better Care Fund

These are emergency admissions that are preventable with effective community care. The rate in Trafford has been increasing, but dipped sharply during COVID.

This is a measure of the effectiveness of reablement services for older people. The Trafford % has been significantly better than the England average for the last 4 time periods

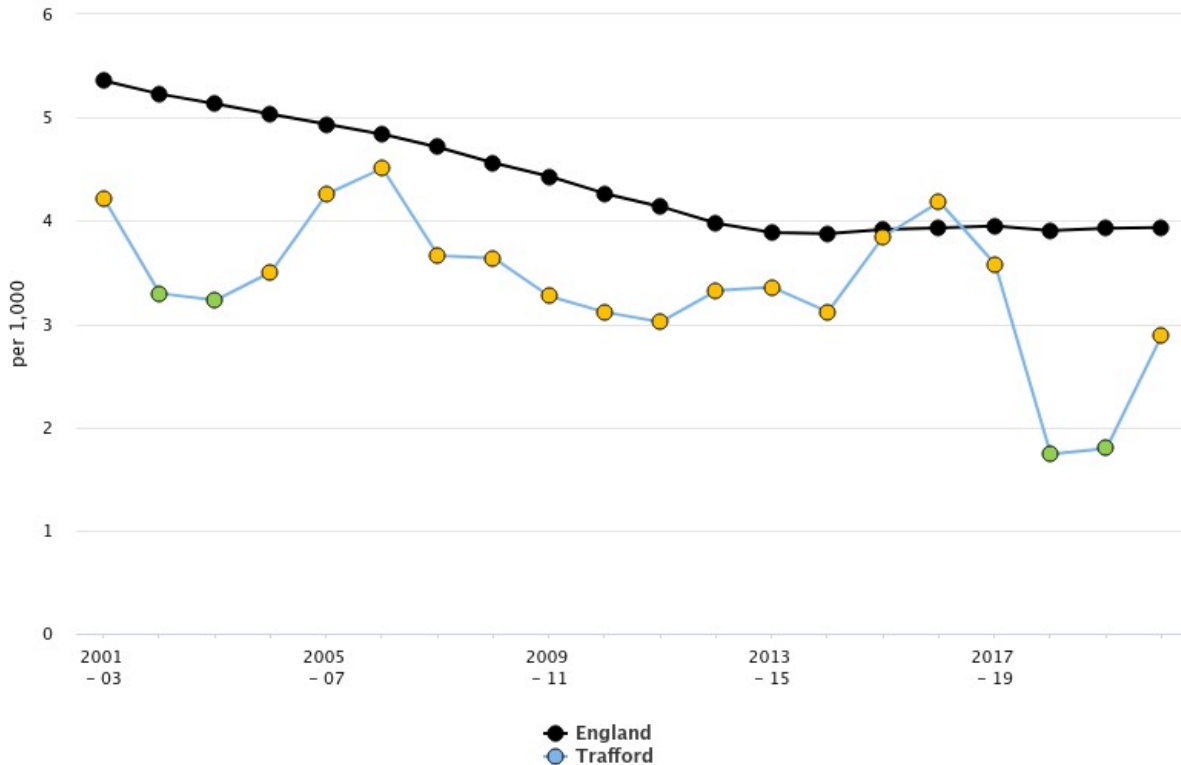
The rate of emergency admissions due to falls in over 65 has been fairly consistently significantly worse than the average for England.

This measure of admission rates to care homes has been volatile for Trafford over the last several time periods. This is against a backdrop of a gradual decrease across England.



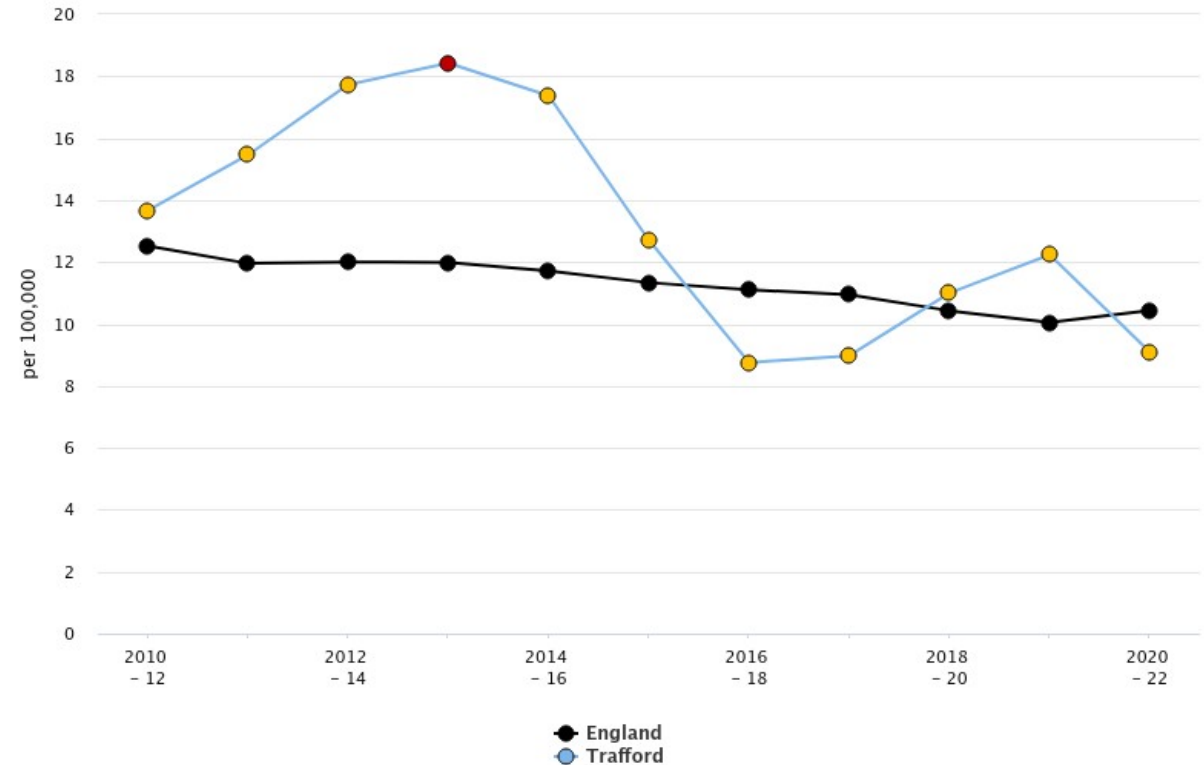
# Child deaths

Infant mortality rate for Trafford



Over the period 2020 to 2022 there were 20 deaths of Trafford infants (age under 1 year), giving a rate of 2.9 per 1,000 live births, compared to 3.9 for England

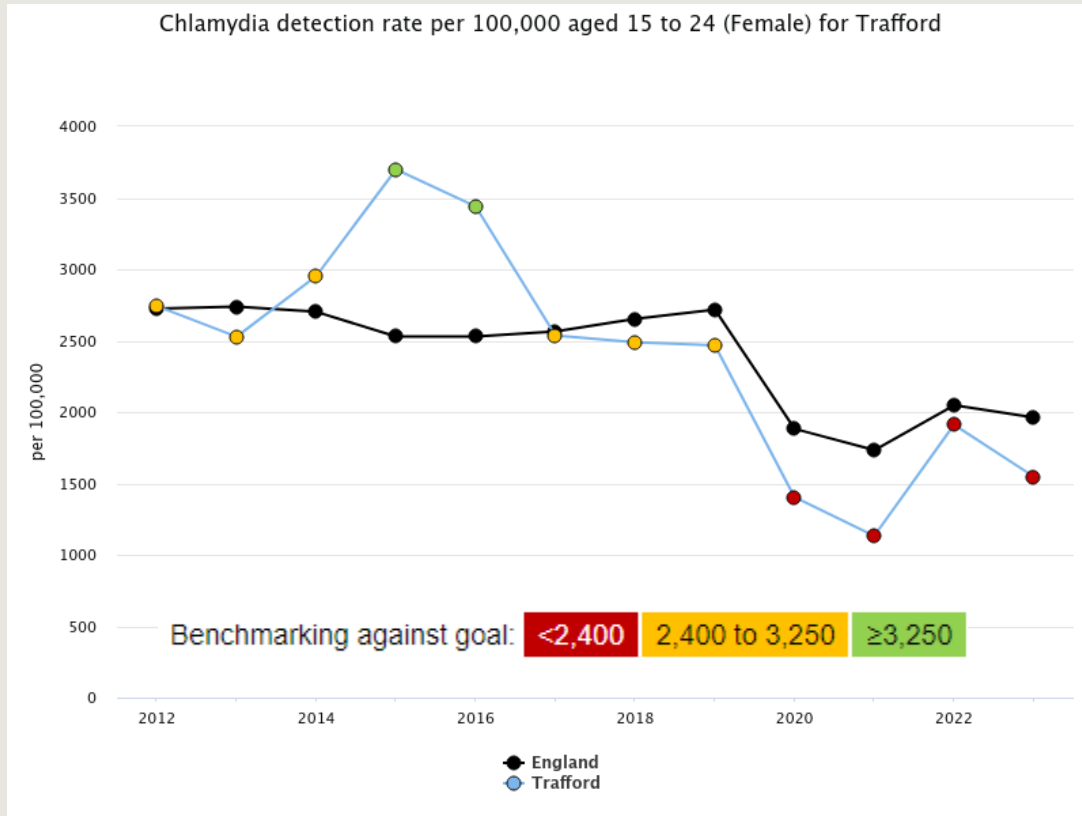
Child mortality rate (1-17 years) for Trafford



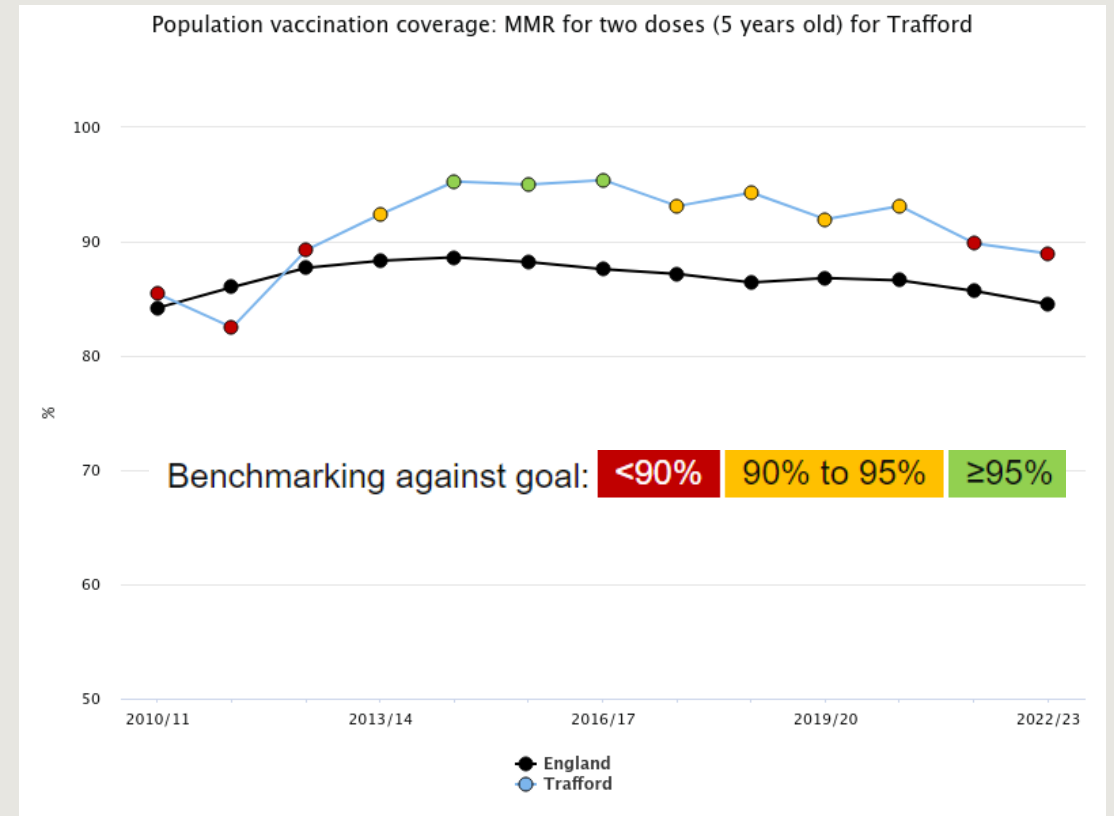
Among children aged 1-17 years, there were 17 deaths during 2020-22, giving a rate of 9.1 per 100,000 which is statistically similar to England (10.4 per 100,000)

# Health protection and infection prevention and control

A couple of indicators where there is room for improvement are shown below.  
The Health Protection and Resilience Board is now receiving a more detailed dashboard.



The Chlamydia detection rate for 15 to 24 year old females in Trafford has fallen below target rates over the 4 time periods to 2023. England rate have also been lower during this period.

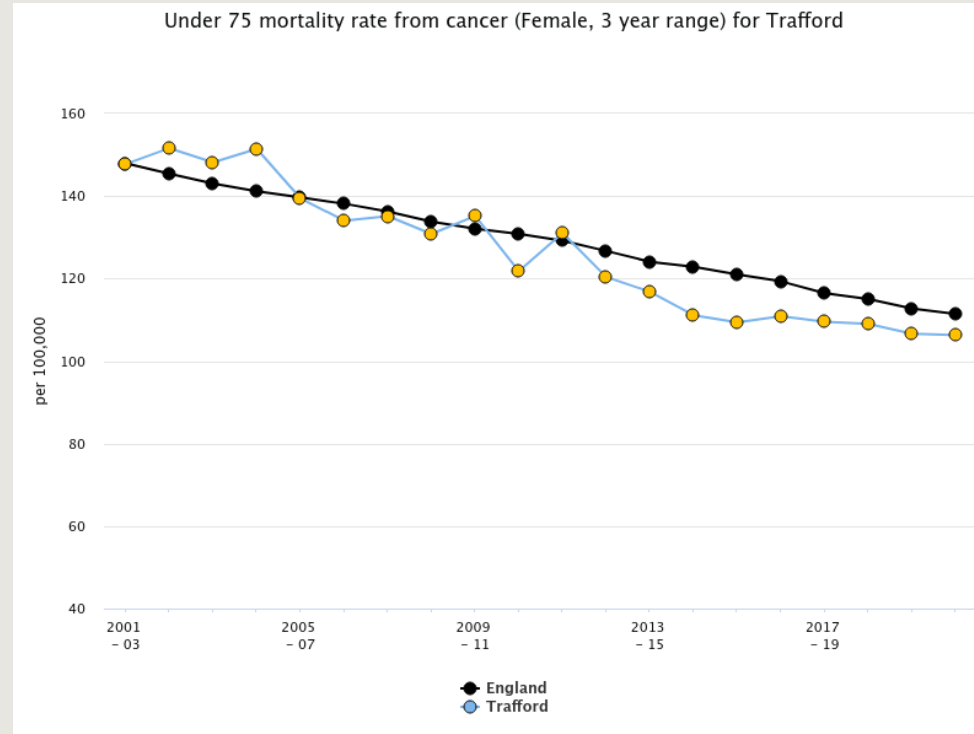


MMR coverage fell below the 90% level for 2021/22 and 2022/23, but still reached above the England average.

# Trafford's Women's Voices

- **Priority areas:**

- Mental Health
- Women's health hubs
- **Carers**
- Maternity
- **Cancer**



## Cancer

The premature mortality rate from cancer in females has been reducing over time in line with England.

## Women carers

As at the 2021 Census, around 1 in 10 (11,271 or 9.9%) of women were providing some unpaid care. 3,063 women (2.7%) were providing 50 or more hour of care per week.

# Topics for consideration

- **From the above data, areas to which the board may wish to give particular consideration:**
  - Excess mortality rate in adults with severe mental illness aged under 75
  - Emergency admissions to hospital due to falls
  - Permanent admissions to residential and nursing care homes for adults aged 65+
  - MMR population vaccine coverage for second dose in children aged 5+ (relative to benchmark of 90%)
  - Chlamydia detection rate per 100,000 females aged 15 to 24.

# Understanding the population health landscape

Keeping up to date with the latest statistics, research and policy

# Within the Public Health team

- **Fortnightly briefing covering**
  - Updates from UKHSA, OHID, ONS and other government agencies
  - Literature searches undertaken by UKHSA Library & Knowledge services
  - Key reports and publications from other sources in the sector (e.g. LGA, Kings Fund, Health Foundation)
- **Shared with the PH team (and beyond on request)**





# Reaching out beyond Public Health

- **Proposal to develop a Population Health Intelligence newsletter to support colleagues in understanding the local context**
- **Key data plus narrative to explain in plain English**
- **Frequency: 6 issues per year?**
- **Audience could include:**
  - HWBB
  - Adult's Services
  - Children's Services
  - Business Intelligence

# Questions for the board

# Questions

- **Is a ‘Dashboard’/recurrent reporting tool on statistics related to the HWBB priorities something that the board would value?**
- **Please advise on preferred indicators for monitoring and desired frequency (noting that some measures are published on an annual basis).**
- **To what extent should such a tool align with other work involving indicators such as performance monitoring of the Corporate Plan?**
- **What additional actions should be taken in relation to the highlighted topics of consideration?**