Bath & North East Somerset Council	
MEETING:	Wellbeing Policy Development and Scrutiny Panel
MEETING DATE:	18/01/2013
TITLE:	Joint Strategic Needs Assessment (JSNA) – Social and Economic Inequalities
WARD:	ALL
AN OPEN PUBLIC ITEM	
List of attachments to this report: JSNA Topic Summary : Social and Economic Inequality	

1 THE ISSUE

1.1 This report covers a summary of data held in the Joint Strategic Needs Assessment on the subject of social and economic inequality. This is following an explicit request from HWPD&S members to keep the JSNA as a standing agenda item on a subject-by-subject basis

2 RECOMMENDATION

The Health and Wellbeing Policy Development & Scrutiny Committee is asked to:

2.1 Note the findings of the briefing

2.2 Consider the broader implications/impacts of these findings on the work of the panel

3 FINANCIAL IMPLICATIONS

3.1 The JSNA has been produced by re-tasking existing council and NHS resources.

3.2 The JSNA underpins the Clinical Commissioning Group's Plan and the emerging Health and Wellbeing Strategy which will both have an impact on long term budget setting and prioritisation. Findings will also be used to support the Equalities Impact Assessment of council service and financial plans.

4 THE REPORT

Background

4.1 The requirement to conduct a Joint Strategic Needs Assessment has been placed on local authorities under the Health and Social Care Act 2012, however the requirements on exactly what a Joint Strategic Needs Assessment is are quite broad. As a result, a local approach has tried to take best practice from elsewhere and take the local audience into account. As a result it is not a static, many-page document, but instead a process covering a range of topics, issues and is available in a range of documents.

4.2 At the HWPD&S meeting on 27 July 2012 a request was made for more in-depth presentations on JSNA data to be made to the panel to support their policy development and scrutiny role. This is the third presentation to be made to the panel.

Content

4.3 The JSNA contains a wide range of local statistical data gathered from national sources and local databases; local opinions gathered from existing consultations and engagement exercises and also data gathered from performance management systems. It is designed to highlight positive features of the area as well as more traditional medical 'needs'.

4.4 The summary document provided as Appendix 1 covers the current JSNA content on the subject of dementia and includes input from local commissioners.

4.5 Full JSNA documents and underlying materials are currently available through the council web-site at www.bathnes.gov.uk/jsna

4.6 The JSNA is an ongoing project and we are always looking for new intelligence about our communities, if you feel we should be told about anything, please contact research@bathnes.gov.uk

5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

6 EQUALITIES

Socio-economic inequality is an important aspect of the local approach to Equalities. An understanding of the distinct needs of this part of the community will assist decision makers in addressing needs for the whole population.

For many of the data sources used in the JSNA data is not available with regards other equalities characteristics, particularly ethnicity.

A more comprehensive appendix detailing the equalities findings of the JSNA is available on the Council web-site at www.bathnes.gov.uk/jsna

CONSULTATION

6.1 Cabinet Member; Staff; Other B&NES Services; Stakeholders/Partners; Other Public Sector Bodies; Section 151 Finance Officer; Monitoring Officer.

6.2 All information contained in this report has already been approved by the Health and Wellbeing Board and the JSNA steering group as an accurate reflection of local needs.

6.3 Information gathered from public engagement is a critical element to the JSNA, and the new Healthwatch engagement member will have a statutory responsibility to input. As the JSNA process develops we will be investigating more ways of getting existing public engagement information fed into the process. In addition, an aim of the web-portal is to ensure that local information can reach the communities who have need of it.

7 ISSUES TO CONSIDER IN REACHING THE DECISION

7.1 Social Inclusion; Human Rights; Corporate; Other Legal Considerations; Wellbeing

8 ADVICE SOUGHT

8.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

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Background papers	www.bathnes.gov.uk/jsna
Please contact the report author if you need to access this report in an alternative format	

Introduction: What do we mean by Socio-Economic inequalities?

However you define health, there tend to be systematic Inequalities in health experience between different geographical areas, genders, ethnic communities, and different social and economic groups. Inequalities in health experience between different geographical areas, genders, ethnic communities, and different social and economic groups.

- Health Development Agency, 2005, p1

A report examining the impact of different health outcomes by gender, ethnic grouping etc. can be found at:
http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/research-library/35364

This report focuses specifically on socio-economic inequality, as measured through the Income Deprivation domain of the Indices of Multiple Deprivation 2010.

In 2007 an independent commission chaired by Sir Michael Marmot was asked to propose evidence based strategies for reducing health inequalities, some of its key findings are below:

- *There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health.*

- *Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.*

- *Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.*

Adapted from Marmot, Atkinson et.al. 2010 p9

Find out more about the Marmot review at http://www.instituteofhealthequity.org/

The Marmot review concluded that reducing health inequalities would require action on six policy objectives:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention.

And reducing health inequalities is an emerging priority of the Health & Wellbeing Board.

Local Evidence

Despite relatively low levels of social inequality in Bath and North East Somerset as a whole, there are small geographical areas with notable issues. These areas are largely comprised of social housing estates. Overall, five areas are within the most notable 20% of the country across a range of data: Twerton West, Whiteway, Twerton, Fox Hill North, and Whiteway West.

Social inequality has a significant relationship with a wide range of health and social care needs. When talking about social inequality we look at the difference between the 20% of the district experiencing the greatest level of inequality compared to the 20% who experience the least inequality based on a combined measure used by the government to allow national comparisons between areas.

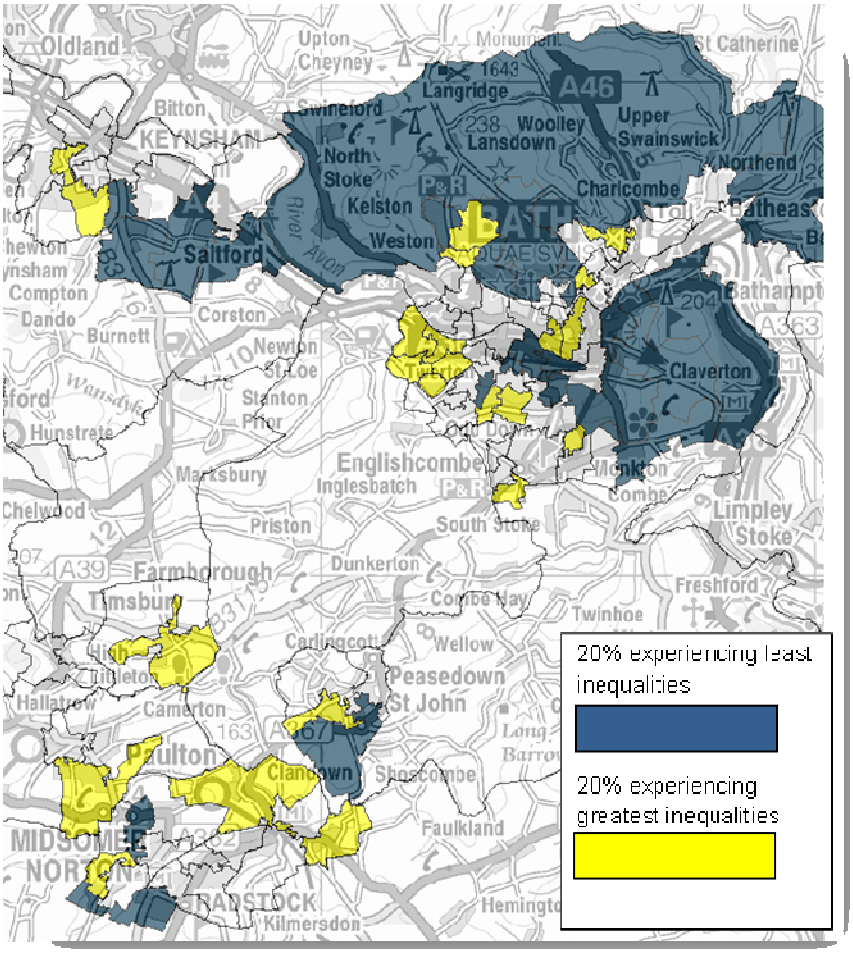

Fig 1: Inequality mapped in Bath and North East Somerset (20% least deprived and 20% most deprived – adapted from the Indices of Multiple Deprivation 2010

Life expectancy, mortality & long term conditions

People living in some of these areas live significantly shorter lives compared to other areas. In B&NES, a man born in one of the communities marked in blue can expect to die 6.3 years younger than a man born in the 20% experiencing the least inequality. For women the gap is smaller, though there is still a difference of 3.5 years. A greater rate of people die in these communities compared to those experiencing the least inequality.

If everyone in B&NES had a similar health experience to those who suffer the least inequalities, then it may be possible to prevent 40% of premature deaths in males and 9% of premature deaths in females (over 220 deaths over a three year period).

This group also have a 60% higher prevalence of long term conditions and 60% higher severity of conditions than those people living in areas suffering least inequalities and as such are more likely to be users of health and social care services.

Engagement with practitioners working in Twerton and Southdown (two wards which have areas experiencing notable social inequalities) has suggested that alcohol misuse and mental health are significant factors for this group. Cost and physical access to services were identified as important

Health and lifestyle determinants

This cohort has been identified as being at particular risk of a wide range of health and lifestyle issues. Premature births are high and breastfeeding initiation and continuation rates are significantly lower. Babies born to mothers in this group are more likely to have lower birth weight linked to maternal factors.

Self-harm hospital admissions are 3x higher for these communities.

There is poor dental health in wards experiencing greater social inequalities, particular with regards decayed, missing or filled teeth. There is a notable variation in dietary habits linked to social inequalities at a national level.

There are greater levels of smoking in these areas, and those areas experiencing greater social inequality have some of the lowest levels of successful quit rates through smoking cessation services.

People living in these areas were also over four times more likely to be admitted to hospital for alcohol specific conditions and over twice as likely to be admitted for alcohol attributable conditions; there is also a strong relationship with emergency admissions for poisoning.

Social and environmental factors

This cohort has been identified as a particular priority for education and significant improvements have been seen amongst children in this group following targeted activities.

As of May 2011, Twerton West, Twerton and Fox Hill North had over 20% of their resident working age population claiming out of work benefits, significantly greater than the B&NES population as a whole, the South West and national rates. There is a significant relationship between the proportion of a small area that is defined as NEET (Not in Education, Employment or Training) and social inequality.

There is a relationship between all major crime types and social inequality, when the night-time economy is excluded as a factor.

Climate change will affect the poorest and most vulnerable residents; increased energy costs will affect all those on lower incomes. However those in energy inefficient homes are not always in the areas of more traditional inequality.

There is limited engagement with traditional art and cultural activities from residents in these communities.

Community capacity (the ability of a community to do things for itself), is strongly linked to social inequality, with less natural capacity being observed in this cohort. There is some emerging evidence of effectiveness surrounding targeted engagement activity designed to build social capital. A study in one small area of B&NES has suggested that a substantial proportion of residents in these areas want to be more involved in their local area, but do not feel they have a say at the moment – however these perceptions can vary on a street-by-street basis.

www.bathnes.gov.uk/jsna
research@bathnes.gov.uk

References:

(2012) Bath and North East Somerset Council, JSNA: 15 Page Summary, Bath and North East Somerset Council http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/research-library/35324 (Accessed 03/01/12)

(2005) Coppell & Ray Introduction to Health Inequalities Health Protection Agency, http://www.nice.org.uk/nicemedia/documents/thi_introduction.pdf (Accessed 03/01/12)

(2010) Marmot, Atkinson et. Al Fair Society, Healthy Lives:The Marmot Review Executive Summary http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-executive-summary.pdf (Accessed 03/01/12)