

**STOCKPORT JOINT STRATEGIC NEEDS ASSESSMENT 2023/24**

**Report of the Director of Public Health**

**1. INTRODUCTION AND PURPOSE OF REPORT**

- 1.1 This briefing provides the Stockport Health and Wellbeing Board with an overview of JSNA (Joint Strategic Needs Assessment) activity in 2022/23 and the proposed work plan for the Stockport JSNA for 2023/24.

**2. BACKGROUND**

- 2.1 JSNAs are a summary of the current and future health and wellbeing needs of a local population, and establish the evidence base for strategic commissioning and planning of services to improve the population health and reduce health inequalities.
- 2.2 The Health and Social Care Act 2012 gave local authorities (LAs) and integrated care boards (ICBs) equal and joint duties to prepare regular Joint Strategic Needs Assessments (JSNA) through the Health and Wellbeing Board.
- 2.3 Stockport's current JSNA was last fully refreshed in 2016 and can be accessed at [www.stockportJSNA.org.uk](http://www.stockportJSNA.org.uk).
- 2.4 In 2019/20 the Stockport Health and Wellbeing Board agreed a programme for the full refresh of the JSNA with the intention to publish of a revised Stockport JSNA, including analysis of key trends and priorities for action for the next three years, in 2020.
- 2.5 Work was well underway to deliver this plan, led by the JSNA project group. Towards the end 2019/20 however everything changed, as the seriousness of the COVID-19 pandemic began to be appreciated and as measures were put in place to mitigate the impact of the disease on our health and on our health and care system.
- 2.6 The pandemic had significant impacts on the development of the Stockport JSNA:
- First, capacity to deliver the final stages of the 2019/20 JSNA work plan was unavailable as officers needed to focus on coronavirus response. Capacity was limited throughout 2020/21 and 2021/22 as officers focused on different stages of the pandemic including control phases, vaccination drives and recovery.
  - Secondly, the direct and indirect impact of coronavirus on the health, care, wellbeing and the wider determinants of health are the population of

Stockport are significant and far-reaching. These impacts change the long term health trends, and will change the findings of the JSNA, however it takes time for some of these impacts to become evident in health outcome data.

- Thirdly, the pandemic has led to strengthened relationships across the partnership as we have come together with a single common purpose and have all changed the way we work to deliver public services. As part of the recovery plans for Stockport following the pandemic the opportunity to set a new direction through collaboration, partnership and a collective ambition to build back better have led Stockport to develop a new Borough Plan, One Stockport. The JSNA needed to change to meet the changing needs of the developing One Stockport Health and Care plan.

2.7 These factors led to a change in the JSNA plans and limited activity in 2020/21 and 2021/22, when a factual summary of the work to date on the 2019/20 JSNA was collated and presented at the Health and Wellbeing Board and two JSNA analysis into the impact of the COVID-19 pandemic were produced. These reports will be added to the current JSNA website in the near future and links then shared with members of the Board (a necessary IT upgrade is in progress before this can be actioned).

### **3. SUMMARY OF 2022/23 JSNA Activity**

3.1 In 2022/23 as the pandemic began to recede, plans for the Stockport JSNA were reviewed.

3.2 An immediate priority was to produce an update of the Stockport Pharmaceutical Needs Assessment (PNA), as a statutory deadline of October 2022 (extended by central government from March 2021 due to the pandemic) had been set. This work was undertaken in 2022 and is published at <https://www.stockport.gov.uk/health-and-wellbeing-board/pharmaceutical-needs-assessment>. The PNA sets out the current provision of pharmacy services in Stockport and identifies gaps in service, and is used by NHS England when making decisions about pharmacy applications.

3.3 A supplementary report relating to the Stockport Pharmaceutical Needs Assessment (PNA) is also included in this meeting's agenda.

3.4 Other identified priorities were to produce in-depth JSNA topic reports on:

- **Autism** – to support the development of the Stockport all age autism strategy
- **Mental health and wellbeing** – to support the development of the Stockport all age autism strategy

- **COVID-19** – to complete the cycle of analysis into the direct and immediate effects of the pandemic on the health of the population of Stockport.

3.5 A **Stockport Autism JSNA** was finalised in December 2022, the analysis was produced alongside the development of the strategy and autistic people and service leads were involved in the process and approved the final report. This report will be added to the current JSNA website in the near future and links then shared with members of the Board. The key findings of this analysis include:

- **National prevalence estimates suggest that there are 3,000-3,250 autistic people in Stockport.** Around 1,000 of these being children and 2,250 being adults, and with a strong gender profile with about 8 time more males than females identified. This is likely to underestimate the true prevalence and new national research that is due in 2023/24 will improve our understanding of prevalence.
- We know that the majority of autistic adults in Stockport are unknown to health and social care services.
- Across primary, secondary and private schools in Stockport there are an estimated 1,500 autistic pupils, **around 2.9% of all pupils in primary schools and 4.5% of all pupils in secondary schools**, this level is higher than the expected prevalence.
- There is a strong gender profile with 8 times more males than females identified as autistic.
- Analysis by area of residence shows that there is an **increase in autism diagnosis rates as deprivation increases**
- Our JSNA data shows that in many cases services in Stockport do not know all autistic people in our community, especially if they are aged over 30. If the same prevalence rates apply as in younger age groups, then most autistic people over about 30 are not only undiagnosed formally, but possibly also don't realise they are autistic. Being autistic without knowing it could represent a serious threat to a person's health and wellbeing.

3.6 The **Stockport Mental Health and Wellbeing JSNA** was drafted by February 2023, and was consulted on through March 2023. This report will be added to the current JSNA website in the near future and links then shared with members of the Board. The key findings of this analysis include:

- **1 in 4 adults in the UK will suffer from a mental ill health at some point in their lives – in Stockport this equates to 73,500 people of all ages.** Over 60% of the prevalent population remain unidentified or not seeking treatment and any analysis of this group is difficult as by definition they are unknown to services.
- Wellbeing:
  - There are approximately **55,000 over 16's in Stockport with high levels of anxiety**, and these levels have increased since the COVID-19 pandemic.
  - An estimated **8,100 people aged 5-15 report low wellbeing**
  - Consultation shows that people in Stockport improve and protect their mental wellbeing through the five ways to wellbeing.
- Mental Health:

- National evidence suggest that one adult in six (17.0%) have a CMD (Common Mental Disorder): one in five (20.7%) women and one in eight (13.2%) men; in Stockport this would equate to 40,300 people 25,200 females and 15,100 males.
- In 2022 it was estimated that 1 in 5 (19.7 %) of 5 – 19 years olds have at least 1 mental health disorder equating to an estimated 10,300 in Stockport.
- **There are around 39,800 people registered with a Stockport GP with a diagnosis of depression on their medical record.** Diagnosis rates are increasing. Women outnumber men by a rate of at least 1.7 to 1. Both men and women aged between 30 and 59 are the most to be recorded with depression and those aged 20 to 59 are the most likely in terms of raw numbers to be recorded with anxiety.
- **There is a clear deprivation profile for depression with the rate increasing as deprivation increases.** Depression rates for both men and women in the least deprived areas are around half that in the most deprived rate.
- The COVID-19 pandemic and cost of living crises have led to increases in self-reported symptoms of depression, especially for younger women, those with disability, those who are financially vulnerable and those living in deprived areas.
- Serious mental illness:
  - **There are 3,040 people registered with a Stockport GP with a diagnosis of a severe mental health disorder.** This includes people with schizophrenia, bipolar affective disorder, other psychoses and other patients on lithium therapy.
  - Severe mental health problems show a clear deprivation profile. Those in the **most deprived areas are over three times as likely to be experiencing a severe mental health problem compared to those in the least deprived areas.**
  - Analysis of comorbidities shows that people with severe mental health problems are **more than twice as likely to be diagnosed with diabetes** than the population average, which can be linked to antipsychotic medication which can cause weight gain, **obesity** rates are also twice as high as average. People with severe mental health problems are **three times more likely to have other mental health issues** such as depression and anxiety, and are **more than twice as likely as the population average to smoke.**
  - **On average people under the age of 75 with a Serious Mental Illness have a mortality rate that is 4.3 times higher than that of the rest of the population.**
  - On average there are between 20 and 30 suicides and deaths of undetermined intent occur for Stockport residents each year with those aged 30-59 the key risk group.

3.7 The third **Stockport COVID-19 JSNA** was drafted by March 2023, and will be published as part of the 2022/23 Director of Public Health's Annual Report. Interim key findings are:

- **It is likely that around 424,700 infections of COVID-19 have occurred in Stockport residents,** representing more than 100% of the total population with many people having multiple infections. By December 2022 112,214 cases of COVID-19 have been diagnosed in Stockport, meaning around 25% of estimated cases have been identified.
- **97.3% of adults and 95.5% of children aged 12+ years have antibodies for coronavirus (COVID-19) either through vaccination or infection. Antibody levels in children aged 8-11 years are lower at 79.9%.**

- Stockport residents have had 4,060 admissions with a diagnosis of COVID-19 by mid-September 2022. The average length of stay was 9.6 days, 22% of patients were in hospital for at least 2 weeks and 8.6% more than 4 weeks.
- There have been around 1,050 deaths due to COVID-19 in Stockport between 2020 and 2022. There were around 14% more deaths in Stockport from all causes in 2020 than would have been expected (excess mortality), a rate that is the same as the national average. In 2021 the overall number of deaths was lower than 2020, but still higher than average (by 4%), and in 2022 the number of all cause deaths rose again so that there were around 12% excess deaths, as the non-direct impact of the pandemic began to emerge.
- COVID-19 is exacerbating existing inequalities in health and is particularly affecting older people, males, ethnic minority groups and those living in deprived areas.
- **Stockport an estimated 9,650 people (range 9,400-9,900) are likely to be experiences self-reported long COVID, in other words symptoms which continue for more than four weeks after the first confirmed or suspected COVID-19 infection that were not explained by something else, of these people 57% (5,500 in Stockport) are likely to have experienced symptoms for at least a year and 18% report that their ability to undertake their day-to-day activities had been "limited a lot", in Stockport an estimated 1,750 people**
- The pandemic has had significant impacts on mental health and in particular levels of anxiety, with more than a quarter of adults reporting **high levels of anxiety in 2020 and 2021, there are early signs of improvement in 2022, but levels are still above the 2019 rate.**
- The impact on healthy lifestyles is less clear cut, smoking trends continue to improve, more people report drinking no alcohol than before March 2020, but more older adults report drinking harmful levels of alcohol than did previously. Physical activity levels in the year of school closures fell, but have since recovered.
- All NHS services saw a significant drop in activity in April and May 2020, as some routine care was paused and the NHS dealt with the impact of the first wave of COVID-19. Most services have since recovered, although there have been some changes to the way in which care is delivered. For example currently 63% of GP attended appointments are face to face compared to 88% pre April 2020.
- Two years after the full return to face to face school :
  - levels of persistent and severe absence are still higher than pre pandemic levels, and especially impacting secondary school pupils
  - achievement levels are lower in primary schools than they were pre pandemic.
  - These impacts are more significant for children who are already disadvantaged.
- COVID-19 has increased Stockport's job seekers claimant count, and the impact **is most severe in areas of high deprivation.** Early career and older workers have been the most significantly impacted by COVID-19.

- There are likely to be significant impacts to different communities in Stockport, especially minority ethnic and LGBTQI+ populations with the pandemic exacerbating existing inequalities; however local evidence about these impacts is not yet available.

#### 4. PROPOSALS FOR 2023/24 JSNA IN STOCKPORT

4.1 In 2023/24 it is proposed to undertake analysis to:

- Refresh the **JSNA for Special Educational Needs and Disabilities** – updating the analysis contained in the 2019 report <http://www.stockportjsna.org.uk/wp-content/uploads/2019/07/2019-20-JSNA-SEND.pdf> and continuing to inform the SEND improvement journey.
- Producing JSNA analysis to inform the refresh of the **One Stockport Health and Care Plan**, including:
  - Analysis as part of the **State of the Borough** report
  - Analysis to support the development of the **Stockport Prevention Framework**
  - Analysis to support the **Adult Social Care Improvement Journey**
  - Analysis to support the development of **Neighbourhood Health Plans**
- Refreshing the **JSNA for Demographics**, the **JSNA for Socio-Economic Context** and the **JSNA for Vulnerable Groups** as the results of the 2021 Census are published and give new insight into the population of Stockport.
- Completing analysis about the drivers of **Excess Mortality in 2022** to further develop our understanding of the medium term impact of the COVID-19 pandemic on the health of the population.
- **Refreshing the JSNA website**, which was created in 2016 and includes out of date content and structures. This resource is likely to be aligned with the <https://bigstockportpicture.co.uk/> and will fit within Stockport Council's digital and intelligence strategies. We will work to improve the accessibility of the JSNA findings.
- Undertaking an **adult lifestyle survey in early 2024** to establish lifestyle behaviours across different population groups within Stockport. This will help inform our understanding of current trends and inequalities in health in the borough.

4.2 The JSNA Programme Group will steer the development of these analysis ensuring that they continue to meet the needs of partner organisations. The current membership of the programme groups includes Business Intelligence leads from Stockport Council and NHS Stockport Locality Team, policy leads from Adult Social Care, Stockport Family and NHS Stockport Locality Team and representatives of Healthwatch Stockport. The group is chaired by the Public Health Intelligence Lead.

- 4.3 The JSNA programme group membership reflects the statutory membership of the Stockport Health and wellbeing Board, as the JSNA is an output of this board; however given the increasing collaboration as part of the One Stockport Health and Care system we are proposing to ask the provider partnership to nominate representatives to join the group and help develop the Stockport JSNA to meet the partnership needs.

## **5. RECOMMENDATIONS**

- 5.1 The Health and Wellbeing Board are asked to consider and comment on the proposals for the 2023/24 JSNA set out above and approve priorities for the work programme for the year.
- 5.2 The Board are asked to consider and comment on the proposal to include representatives from the provider partnership as part of the JSNA Programme Group.

## **BACKGROUND PAPERS**

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Eleanor Banister on telephone number Tel: 0161 474 2447 or alternatively email [eleanor.banister@stockport.gov.uk](mailto:eleanor.banister@stockport.gov.uk)