

STOCKPORT JOINT STRATEGIC NEEDS ASSESSMENT - 2024/25 PLAN**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 2023/24 and the proposed work plan for the Stockport JSNA for 2024/25.

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 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 is available at <https://www.stockport.gov.uk/health-and-wellbeing-board/joint-strategic-needs-assessment>, with all the reports from 2020 onwards published on the document store at <https://www.stockport.gov.uk/documents/jsna-documents>. Stockport's previous full JSNA (from 2016) can still be accessed at 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 a revised Stockport JSNA, including analysis of key trends and priorities for action for the next three years, in 2020. The COVID-19 pandemic derailed these plans and limited activity in 2020/21 and 2021/22. During this time 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.
- 2.5 In 2022/23 as the pandemic began to recede, plans for the Stockport JSNA were reviewed; and a number of key analyses were undertaken including:
- an update of the Stockport Pharmaceutical Needs Assessment (PNA), to meet the statutory deadline of October 2022 (extended by central government from March 2021 due to the pandemic) <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.

- **2022 JSNA – Autism** – to support the development of the Stockport all age autism strategy
- **2022 JSNA – Mental health and wellbeing** – to support the development of the Stockport all age autism strategy
- **2023 JSNA – Impacts of COVID-19 on Health and Wellbeing in Stockport** – to complete the cycle of analysis into the direct and immediate effects of the pandemic on the health of the population of Stockport.

These reports are available on the Stockport JSNA document hub.

3. SUMMARY OF 2023/24 JSNA Activity

3.1 In 2023/24 the analyses below were proposed:

- Refresh the **JSNA for Special Educational Needs and Disabilities** – updating the analysis contained in the 2019 report 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**
- 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 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.

3.2 The **2023 JSNA for SEND (Special Educational Needs and Disabilities)** was finalised in February 2024, the analysis was produced alongside a refresh of the strategy and service leads and the SEND board were involved in the process and approved the final report. The key findings of this analysis include:

- **The number of children and young people with SEND in Stockport is rising.** There are currently 8,993 children and young people aged 0 to 25 years with SEND in Stockport. Of this number, 67.3% (6,052) are in receipt of SEN (special educational needs) support and 32.7% (2,941) have an EHC (Education, health and care) plan. The majority of the overall SEND population is male (63.9%) and this increases for those on an EHC plan (73.3%).
- During the last five years there has been growth in EHC plan levels at all age bands, by 29% (an additional 632 people). The increase in EHC plans has been greatest for the 5 to 10 year old cohort whose numbers have increased

by 245 (39%) over the five year period, the numbers of 11-15 year olds have also increased by 196 (21%).

- During the same period the overall cohort of pupils receiving SEN Support has also grown in size by 29% (an additional 1,251 people). There has been some growth at all age bands however, the increase has been greatest in the 11 to 15 cohort which has nearly doubled in size during the period (+84%).
- A thirteen year trend shows that levels of SEND are now similar to what they were in 2014/15, when following national trends rates of SEND were falling and systems and policies were changing.
- **Prevalence rates in Stockport are higher than the national or peer comparisons, although the level of increase is similar in all areas.** Approximately 10.7% of the total population of 0 to 25 year olds in Stockport have a SEND need. This proportion is higher than both the national average (8.5%) and that of the collective CIPFA neighbours (9.4%).
- Rates are highest for school aged children, 16.6% of those aged 5 to 10 years in Stockport have a SEN need, rising to 18.2% of those aged 11 to 15 years; around 3% of those aged under 5 and 16-25 years have an identified SEND need.
- Benchmarking shows that the prevalence of EHC plan in Stockport has consistently been higher than the national, Greater Manchester and CIPFA peer averages over the last 5 years, analysis for SEN support however shows that rates in Stockport were lower than benchmarked average 5 years ago but that the gap has narrowed significantly and rates are now similar to the CIPFA neighbours, although still lower than the national average
- **There is a strong deprivation profile for SEND with rates in areas of higher deprivation being more than double that in the least deprived areas.** 15.4% those aged 0 to 25 years in the most deprived areas have a SEN need compared to 6.3% in the least deprived areas. For EHC plan the rates are 6.0% in the most deprived compared to 2.1% in the least; for SEN support the rates are 9.4% in the most deprived decile compared to 4.2% in the least.
- **Social, Emotional and Mental Health is the most prevalent SEN need,** with 2,286 instances of described need; the second most prevalent needs are Speech, Language and Communication needs with 2,188 instances. The top four types of need (Social, Emotional & Mental Health; Speech, Language & Communication; Moderate Learning Difficulty and Autism) account for over 75% of all determined need. For those with an EHC plan Autism is the most common primary need.
- The majority of the school-age SEND cohort overall in Stockport are educated in state funded primary schools (3,849, 44.4%), followed by state-funded secondary schools (2,747, 31.7%), and then independent schools (996, 11.5%). Stockport has a notably larger percentage in Independent schools than the national of CIPFA neighbour average. Levels of specialist provision in Stockport have increased since the last JSNA.

- Both SEN cohorts in Stockport have outperformed the national and statistical neighbour comparator groups in terms of Early Years attainment in 2021/22, however there is a more mixed picture at later key stages, with Stockport being more similar to average at key stage 2 and key stage 4. At all stages there is a significant gap in attainment between SEN and non-SEN populations.
- There is a deprivation profile in attainment so that children with a SEN need in the most deprived areas are likely to have lower attainment than those in the least deprived areas, this effect is more significant for those with SEN support than those with an EHC plan (whose average attainment is lower).
- In terms of preparation for adulthood, most recent figures (2021-22 academic year) show that in Stockport, 85.9% of the KS4 cohort with an EHC plan were in sustained education, employment or training at 17, this is below the national (90.2%) and statistical neighbour average (89.2%) and rates in Stockport have also deteriorated since the last JSNA in 2019 (88%).
- School absences rates (both overall and persistent) for those with SEN need are higher than those without SEN across all benchmarked areas, in Stockport those with social, emotional and mental health problems are particularly at risk of increased absence, followed by those with a physical disability.
- Requests for EHC assessment are increasing in Stockport, particularly in the in the years following the COVID-19 pandemic, in the most recent year only 50% of referrals were dealt with within the target of 20 weeks, which is lower than peer comparisons.
- There are a large number of services beyond education which work to support our SEND population, most of these services have seen a significant rise over the last 5 years, especially for Healthy Young Minds (CAMHS) and Speech and Language Therapy (SALT).
- It is difficult to give a definitive prediction of the number of SEND children and young people by 2033, however it is likely given the current trends that numbers will continue to rise and are doing so currently at a faster rate than the average over the last 5 years.

3.3 The **State of the borough Report** was published in December 2023 <https://smbc-opendata.s3.eu-west-1.amazonaws.com/data/state-of-borough/State+of+Borough+15.12.2023.pdf> and is produced by the Stockport Council Business Intelligence team, with contributions from the Stockport JSNA and others. The report provides snapshot of what life is like for Stockport residents across a wide range of topics and themes, including **population**, a summary of the **2021 Census and socio-economic context** for the borough. The key findings of this analysis include:

- **At the 2021 Census the population of Stockport was 294,776.** This is a 4% increase over the 10 years since 2011, which is below the GM increase of 6.9% over the same period. Areas such as Woodford, Bramhall Moor, Gatley,

Brinnington and the town centre have seen the largest population growth, and are areas where significant housing developments have occurred.

- The population has increased across the broad life course age groups, but has particularly grown for those age 65+, which increased by 16.2% to 59,275; confirming that Stockport is, as anticipated, **continues to see an ageing population**. More than a fifth of the Stockport's population are now over 65 years of age, and the number have increase in every area of Stockport but particular in areas to the east of the borough such as Marple, Mellor and Romiley.
- The population of Stockport is **continuing to become more ethnically diverse**, with 16.6% of respondents identifying from an ethnic group other than White British; up from 11% in 2011, although Stockport remains less diverse than the Greater Manchester average (28.7%). The second largest population group in Stockport (after White British) is Asian / Asian British – Pakistani with 10,953 people, or 3.7% of the population, this population is largest in the west of borough in Gatley, Heald Green and Heaton Mersey.
- 95.7% of people aged 3+ have English as their main language, and a further 3.5% speak English well; this means 2,399 (0.8%) of the population have low or no proficiency in English. The main languages spoken by those without English are Persian / Farsi, Mandarin / Cantonese and Urdu.
- 31% of households in Stockport are one person households, 64% are single family households: 27% couples with children, 26% couples without children and 11% lone parent families with 5% in other types of households.
- The total amount of properties in Stockport increased from 121,979 in 2011 to 126,656 in 2021. A lower proportion of residents now own their homes (71.1% - 2021 compared to 73.2% - 2011) and there has been an increase in residents living in privately rented properties (14.4% - 2021, 11.4% - 2011). The areas with the biggest increase rented properties are in the town centre of Stockport.
- Census 2021 data shows that Stockport has a higher proportion of residents (aged 16+) who are retired (19.6%) when compared to GM (15.2%), this is partially due to the higher proportion of 65+ residents in Stockport, Stockport's proportion of residents in employment (47.4%) is also higher than GM (44.6%).
- 8,007 people in Stockport have previously served in the armed forces or reserve services.

3.4 The **2023 JSNA – Excess Mortality in 2022** analysis was published in November 2023, the key findings of this analysis include:

- Local and national data shows that Stockport and the UK are in a period of excess mortality, and numbers of deaths registered in 2022 are higher than in 2021, although levels in 2022 are still lower than in 2020 when the COVID-19 pandemic lead to the highest number of deaths recorded in the Borough since 1993.

- The cause of this recent excess is not completely clear - though what is clear is that this is no longer wholly being driven directly by COVID-19.
- In 2022, there were 341 excess registered deaths (12.2% above the 2015-2019 baseline) with 168 deaths with an underlying cause of COVID-19. COVID-19 although significantly lower in 2022 than 2020 or 2021 is still a significant cause of death and is contributing to the excess seen in 2022, but data also shows that deaths from cancer, circulatory disease, digestive causes (such as liver disease) and accidental causes are all also higher in 2022 than in 2017/19.
- Analysis shows that all adult age groups have seen an increase in mortality rate over the last three years, the majority of the excess deaths have occurred in those aged 85+ years with an average increase in rates of 8.7% in these older age groups, COVID-19 had a particular impact on the older population whose health vulnerability was higher pre-pandemic and this is likely to be what's driving this trend. Rates rose less significantly for deaths for those aged 60 to 84 years where the average increase was 4.7%. Mortality rates for children have not changed significantly. It is as yet difficult to isolate the age groups impacted by the non-COVID-19 excess mortality due to the lower numbers, this may become clearer after a further years data.
- Analysis by deprivation quintiles (figure 6) shows that mortality has risen in all parts of Stockport, but the gap in mortality rates between the most and least deprived areas of Stockport has also grown, with the absolute gap growing by 61.1 per 100,000 (7.3%) as the pandemic has exacerbated existing inequalities.
- It is likely that we are in a period of excess mortality due to the ongoing but less direct impacts of the pandemic COVID-19, linked to the knock on delays in urgent, chronic and preventative care in addition to the impact of long COVID-19 and post COVID-19 infection (especially for those who received ICU or other intensive care). Additionally in 2022 we experienced an exceptional summer heat wave, which lead to an estimated 2,985 excess summer deaths nationally, and the during the autumn and winter the NHS nationally experienced significant pressures and delay in emergency response times, with long waits for ambulances and in Accident and Emergency departments which some have linked to the increase mortality.
- We cannot yet say what will happen to the trend in the mortality rate in the future, as there is not enough evidence to help predict whether and when it will return to its earlier trends or continue with current situation, although initial data for 2023 suggest that mortality rates are lower than in 2022.

3.5 The **2023 JSNA – Healthy Life Expectancy** was drafted by March 2024 and the key findings are:

- **Healthy life expectancy in Stockport for males and females is estimated to be 65.4 and 67.3 years respectively in 2020-2022.**
- The average age at which people move into bad health in Stockport for males and females was 75.0 and 78.4 years respectively in 2020-2022

- **Therefore across Stockport nearly a fifth of life is spent in fair or bad health, and just over 5% spent in bad or very bad health.**
- As with overall life expectancy there has been little change in the levels of healthy life expectancy (HLE) in Stockport over the last 10 years.
- Females live longer than males, and their health declines at a slightly older age than males. Females however spend more years in fair or bad health than males: 16.0 years on the fair measure and 4.8 on the bad measure compared to 13.5 and 3.9 for males respectively.
- **There is a clear deprivation profile in Stockport with those in the most deprived areas living around 20 years in not good health compared to around 12 years in the least deprived on the fair health measure.**
- Those living in the most deprived areas can expect to live more than a quarter of their lives in not good health (26%) whereas males and females in the least deprived areas can expect to live 13% and 14% of their lives in not good health respectively.
- **The deprivation inequality in healthy life expectancy is greater than the deprivation inequality for life expectancy.**
- These estimates are somewhat different to the nationally published HLE data for Stockport, particularly for females, due to the reliance on small sample survey data used the more frequent nationally published estimates
- Nationally published data for HLE can be used for outcome purposes (as they allow comparisons to other areas) but the national HLE estimates should always be presented with the confidence intervals and the data should be used cautiously, due to the small sample sizes

3.6 The **2023 JSNA – Health of the Population** was drafted by March 2024, and will be updated annually. This sets out the key population health trends for Stockport, including :

- demographic trends from the State of the Borough report, as presented above
- trends in deprivation and inequalities, which will be updated further in 2025 when the next Index of Multiple Deprivation is due to be published (the current one dating from 2019).
- findings from in depth JSNA analysis into life expectancy and mortality, as presented above.
- data about long term conditions and health behaviours, as included in the 2020 summary.
- findings from in depth JSNA analysis into mental health and wellbeing, as included in the 2022/23 annual report.
- summary data from work to support the Provider Partnership priorities arising from the prevention framework analysis.
- This report therefore brings together findings from many different JSNA and other analysis, producing a summary of the [Health of the Population](#).

4. PROPOSALS FOR 2024/25 JSNA IN STOCKPORT

4.1 In 2024/25 it is proposed to undertake analysis to:

- Create a **JSNA for Specialist and Support Housing** – helping inform the development of a local strategy for housing for those with specialist needs including those with learning disability, physical disability, older people and care leavers.
- Update the **JSNA for frailty and falls** – helping inform the development of the provider partnership work stream.
- Update the **JSNA for Mortality** – improving our understanding of the long term trends for life expectancy, different causes of death and the impacts of the COVID-19 pandemic on health.
- Create a **JSNA for inequalities** – bringing together analysis on a wide range in inequalities to help inform the further development of the Neighbourhood and Prevention programme,
- Prepare a draft update of the **Pharmaceutical Needs Assessment 2025** for consultation, which statutorily must be published by October 2025.
- **Further improve the JSNA website**, to improve the accessibility of the reports. We have agreed to pilot a new approach to report writing with the Stockport Council digital team.

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.

5. RECOMMENDATIONS

5.1 The Health and Wellbeing Board are asked to consider and comment on the proposals for the 2024/25 JSNA set out above and approve priorities for the work programme for the year.

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