HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board	
Date:	16 June 2022	
Title:	Joint Strategic Needs Assessment (JSNA) Update	
Report From:	Simon Bryant, Director of Public Health	

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Purpose of this Report

- The purpose of this report is to present Health and Wellbeing Board members with the Inclusion Health report as part of the Joint Strategic Needs Assessment (JSNA) work programme.
- 2. This report focuses on the inclusion health groups across Hampshire and where possible aims to quantify these communities in our population, where they live, their demographics and describe the potential health outcomes and challenges they may face (includes district summary).

Recommendation

3. That the Inclusion Health Report is noted and members take information and actions within their own organisations and section they represent.

Contextual Information

- **4.** The JSNA work programme is progressing with a number of chapters which are now completed and available via the <u>JSNA website</u>.
- 5. The JSNA is structured on the <u>ONS Health Index domains</u> and provides as a resource with a written high-level summary and <u>PowerBI data report</u> which enables data to be analysed at smaller geographies such as GP, PCN, LSOA, District.
- **6.** The following sections have been completed previously:

- a. <u>COVID-19 Health Impact Assessment</u> a retrospective view of the first two waves of the pandemic and what has meant to our local populations, reviews national guidance and policy to date and what the potential impacts have been and will be on our populations.
- b. <u>JSNA Demography</u> focussing on the age structure of our population and future projections and the socio demographic and protected characteristics of our population.
- c. <u>JSNA Vital Statistics</u> detailing births and deaths data and trends analysis
- d. <u>JSNA Healthy Places</u> this chapter focuses on the social and commercial drivers for health includes district reports.

7. Reports still to be published:

- a. <u>JSNA Healthy Lives</u> providing a focus on risk factors including behavioural risk factors and some of the wider determinants of health.
- b. <u>JSNA Healthy People</u> focussing on the health outcomes of our population and the health inequalities which are evident.

Inclusion Health Groups Chapter

- 8. Inclusion health is a 'catch-all' term used to describe people who are socially excluded. These people typically experience multiple overlapping risk factors for poor health (such as poverty, adverse childhood experiences, violence, substance use, mental illness and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases).
- 9. These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes. People belonging to inclusion health groups frequently suffer from multiple health issues, which can include mental and physical ill health and substance dependence issues. This leads to extremely poor health outcomes, often much worse than the general population, lower average age of death, and it contributes considerably to increasing health inequalities.
- **10.** The data are not comprehensive and challenging to find but this is the beginnings of quantifying the Inclusion Health groups in our local area and understanding their health and social care challenges

11.Link to a full written report can be found here: <u>https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna/2022-inclusion-health-groups</u>

12. An infographic summary has been created for each District, and Hampshire; these can be found here:

https://documents.hants.gov.uk/public-health/jsna-2022/inclusion-health-groups-

summaries/hampshire.pdf? gl=1*ebpffo* ga*NTU1NzM0OTkuMTY1MDUz NDUyNQ..* ga 8ZVSPZWL5T*MTY1MTc1ODk0NC4xLjAuMTY1MTc1ODk0 NC4w

Conclusion

13. Inclusion Health groups are more likely to experience poor health outcomes so as a board we need to focus our work on theses groups and ensure actions we take consider how we ensure they are included.

Inclusion Health Groups: Hampshire

National data = dark blue UTLA data = light blue LTLA data = orange

Inclusion health is a 'catch-all' term used to describe people who are socially excluded. People in inclusion health groups frequently suffer from multiple health issues.

People in contact with the Justice System

1 prison

Health needs are linked to

- Early childhood experiences
- Smoking and alcohol/substance use
- **Deprivation** and exclusion

Sex workers

adult services ads

are aged 18-29

people engagen

in sex work

aged 18-39

(Under 18's/Child Sexual

Exploitation not included)

Health

outcomes:

Mental health

High potential for

STI transmission

Substance use &

homelessness

TULIP clinics

School absence and low educational attainment

Gypsy, Roma and Traveller communities / **■** 65-74 of the population (2011 Census) Hospitalisations **45-54** peak at: High rates of... • 0-4 Maternal & infant mortality 20-24 Mental illness & suicides 60-64 Diabetes & heart disease 20% 75-79 ■0-14 Lowest life expectancy of any ethnic group

People experiencing 91% homelessness UK nationality Consider local 69 people 91% shelter figures 2018 aged 26-Won't include hidden homelessness 1.7/1000 in temp accommodation Mental health 1/3 have attempted suicide Substance use Cause of 1/3 deaths Low life expectancy 70.5% of hospital

People with drug and inclusion alcohol dependency

People released from prison/hospital have a lower opioid tolerance so have high chances of overdosing

54%

of people in treatment live in the 30% most deprived areas

Client sex

Alcohol risks:

- Liver disease, diabetes, cardiovascular disease
- Unemployment, homelessness and relationship breakdown

55% structured clients use **opiates**



Changed to suit potential customers

1/5

nationalities

advertised

online than

engaged in

sex work in

real life

(32 vs 4)

in people

More

no nationality

recorded

Consensual vs. non consensual different health outcomes

clients successful outcomes is 50/50

> Urban concentration

Coastal communities Lower life expectancy 33.6% High of the population deprivation 6 **Heart disease** Left Behind Diabetes Neighbourhoods Cancer Mental health

admissions were emergencies

Victims of modern slavery

admissions

Nationality unknown age 54% aged 18-29 17% aged 30-39 16% aged below 18 There were also sexual, criminal and domestic

Most 2020 cases were labour exploitation

But... Child Criminal and Sexua Exploitation not included

Children most often used for county lines

Female

Male

= Transgender

Hampshire Constabulary cases have victim gende remained stable since 2017

- Physical abuse
- Financial control
- **Tied accommodation** Monitoring

Victims often work in everyday roles

working age veterans in Hampshire and IOW

conditions related to arms, back and neck

PTSD and

Ioneliness

Large number from Afghanistan 2003-2014

differ between veteran

moving often Unaccompanied

children arriving have specific needs





REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic	No
growth and prosperity:	
People in Hampshire live safe, healthy and independent	Yes
lives:	
People in Hampshire enjoy a rich and diverse	No
environment:	
People in Hampshire enjoy being part of strong,	Yes
inclusive communities:	

Other Significant Links

Links to previous Member decisions:	
Title Joint Strategic Needs Assessment Workshop Update JSNA Programme Update and HIA Findings Summary Joint Strategic Needs Assessment Update	<u>Date</u> 9 December 2021 7 October 2021 1 July 2021
Direct links to specific legislation or Government	
Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>	
None		

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic:
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it:
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionally low.

2. Equalities Impact Assessment:

See item numbers 12 and 13.