

Wigan's Joint Strategic Needs Assessment

Introduction

The Joint Strategic Needs Assessment (JSNA) is a document that will drive strategic commissioning in Wigan borough – particularly in the areas of health and social care and for children, young people and their families.

The purpose of the JSNA is to pull together in a single, ongoing process all the information that is available on the needs of our local population ('hard' data i.e. statistics; and 'soft data' i.e. the views of local people), and to analyse them in detail in order to identify:

- a) The major issues to be addressed about health and well-being, and
- b) The actions that we as local agencies will take to address those issues.

This is the first JSNA for Wigan. We believe that it is a good start to the process, whilst recognising that it will need to be refreshed and enhanced on an annual basis as our online information system ([WISDOM](#)) develops further.

Population

Projected changes in the population within the borough will increasingly impact on planning for, commissioning and delivering future services. The total population of the borough is expected to increase by 4.7% by 2025. The major differences will be observed in the over 65 and over 85 age groups (which is expected to grow), and in the under 19 age group (which is expected to decrease). The challenges raised by a growing elderly population will have major implications for future planning and delivery of services.

Furthermore, based on locally gathered evidence, it is predicted that the borough has a higher proportion of people from BME groups than the 2001 Census indicates. Dealing with these population changes will pose some significant challenges in terms of delivering responsive and appropriate services across a range of diverse communities and groups of people.

Life Expectancy and Mortality

Health inequality is not new, particularly in the older, industrialised areas of the country. However, life expectancy within the borough is poorer than both the England and North West average. The relative position of Wigan is getting worse, in that the life expectancy gap is widening. The main cause for poor life expectancy in Wigan is premature death from Circulatory Disease or Respiratory Disease or Cancer.

There is great potential to improve length of life, as many of the causes of ill health are preventable - for example by helping people to change their lifestyle, by picking up early stages of disease sooner, managing long term conditions optimally, and improving the quality of acute care. In addition to this, much ill health, such as breast cancer, can now be treated.

It is estimated that preventable deaths account for about 20% of the deaths in Wigan compared to 17% in the North West, and 16% in England.

Cardiovascular Disease (CVD) and Chronic Obstructive Pulmonary Disease (COPD)

Cardiovascular Disease is also a significant contributor to avoidable death in Wigan. It accounts for 42% of all preventable deaths in men under 75 years and 43% for women in the same age group. Chronic Obstructive Pulmonary Disease also accounts for 21% of all preventable deaths in both men and women under the age of 75 years.

Lower life expectancy rates mean high demand for unplanned care and high rates of long term conditions. If we are to manage resources effectively in the future, we need to address lifestyle issues which contribute to the preventable major causes of the life expectancy gaps.

By far, the risk factor most amenable to change in order to reduce the burden of disease caused by CVD is smoking, and other exposure to tobacco smoke. Smoking is also the main preventable factor in the development of many cancers and Chronic Obstructive Pulmonary Disease (COPD).

Cancer

Almost a quarter of cancer deaths are attributed to lung cancer. Reducing mortality from lung cancer locally will require measures to continue to reduce smoking prevalence. This will be a challenge - particularly as young females are adopting, and sometimes exceeding, the 'risky behaviours' of young males.

Other key causes of cancer deaths in males and females are bowel cancer, oesophageal cancer and stomach cancer as well as breast cancer in females and prostate cancer in males.

There appears to be a higher incidence within more deprived wards for some cancers, although further examination is required to determine if this is statistically significant. This information may be helpful in targeting resources to aid cancer prevention and demonstrate the need for targeted resources in areas of higher cancer incidence, reducing smoking uptake and increasing quitters, weight management, diet and alcohol consumption and screening.

Lifestyle Issues – Smoking and Alcohol

There are between 500 and 600 deaths in Wigan each year which are estimated to be attributed to smoking. In 2006/2007, Wigan achieved a favourable quit rate of 1032 per 100,000 total population compared to 941 nationally. The fact that the ratio of contacts to quitters increases as deprivation increases suggests that more contacts need to be made in deprived areas to achieve the same level of quitters as the less deprived areas.

Alcohol-attributable admissions are higher in Wigan for both men and women than the regional and England averages, and are amongst the worst in the country. The under 18 admission rate for Alcohol specific conditions is also cause for concern, confirming the evidence pointing to binge drinking being a particular problem for young people in the borough.

Evidence of effectiveness shows that brief interventions by a health professional help a significant number of people drinking over sensible limits to cut down on their drinking.

Further work is required to identify most effective interventions with highest risk groups of people and this will be undertaken over the coming year.

Teenage Pregnancy and Sexual Health

Teenage pregnancy rates vary across the borough with some areas having a rate as high as 61 to 100 per 1000. The 'hotspot' areas that have been identified tend to be in the most deprived areas in the borough. Work is currently being carried out which by next year will provide evidence of what young people know, believe and practice. This will serve as a baseline on which to assess interventions to address teenage pregnancy in the borough.

The picture for sexually-transmitted infections is mixed. Prevalence and incidence of HIV infection is low in Wigan. However, the borough is in the top 10% in the country for prevalence of Chlamydia. Data for other sexually transmitted infections is unreliable at the district level. Rates of sexually transmitted infections in Greater Manchester are amongst the highest in the country. These two factors imply that there may be many people having unprotected sex in the area. Therefore this is a priority for the borough.

Mental Health, Employment and Worklessness

There appears to be inequality in mental health within the borough, with more people suffering from mental health problems in the more deprived areas, and a higher prevalence amongst women. There also appears to be a strong link between poor mental health and unemployment.

A joined up approach is being taken to address the levels of worklessness, employment and mental health. In order to achieve this, more support from employers is needed, and training to get people back to work tailored to the needs of the various groups of individuals. Such initiatives need to continue to focus on areas of deprivation where mental health problems appear to be more prevalent.

The main areas of need identified for children in terms of mental health are prevention of suicide, anti-bullying strategies, work to address eating disorders and support for children in care. These will be addressed through the Mental Health Promotion Strategy.

Young People

Outcomes for children and young people living within the borough are generally good. However, there are inequalities in their health and welfare, which can be linked to the high levels of deprivation prevalent in certain areas of the borough.

The key issues facing children and young people start with low levels of breastfeeding initiation amongst women. They go on to include teenage pregnancy, sexual health, obesity, alcohol and substance abuse, dental health and emotional resilience.

There are also significant inequalities in attainment between our most disadvantaged communities and the population as a whole, as well as above average numbers of young people aged 16 to 19 not in education, employment or training.

Social Care & Older People

The main areas of need that have been identified relate to the ageing population. For example, it is predicted that the number of people over the age of 65 unable to carry out self care activity will increase to 23,034 by 2025. This will have significant implications for demand in the not too distant future which should affect commissioning and service planning today.

It is also expected that there will be an increase in the number of people with learning disabilities over the age of 65 as people with learning disabilities are now living longer. A project is currently underway to identify the needs of this growing population - the findings of which will be available early next year and will inform future commissioning of services.

There is also expected to be an increase in the number of people with learning disabilities within BME groups.

Needs analysis also identifies that people with Learning disabilities have higher levels of unmet need and receive unequal access to treatment. This is an issue for both health and social care services within the borough, and once again will have implications for future commissioning of services.

Finally, there is an expectation that demand for social care support across all service user groups in the borough is set to rise significantly. However, developments in personalisation and choice mean that the type of service and the method of delivery is likely to be very different and future service planning will need to consider this.