

## **Manchester Health and Wellbeing Board Report for Information**

**Report to:** Manchester Health and Wellbeing Board - 23 March 2022

**Subject:** Manchester Joint Strategic Needs Assessment (JSNA) Update

**Report of:** Director of Public Health

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### **Summary**

This report provides a recap on the statutory responsibilities of the Health and Wellbeing Board in respect of the Joint Strategic Needs Assessment (JSNA) and summarises a number of recent updates to the JSNA topic papers on the mental health and emotional health and wellbeing of children and young people and on disabled people (Social Model of Disability). It also outlines a proposal to carry out a comprehensive review of the Manchester JSNA in 2022/23.

### **Recommendations**

The Board is asked to note the report and the accompanying recommendations.

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### **Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	The JSNA provides an overarching assessment of the health and care needs of children, young people, adults and older people in Manchester. As such, it supports all of the health and wellbeing strategic priorities of the Board,
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

JSNA Topic Paper: Mental health, and emotional health and wellbeing

[https://www.manchester.gov.uk/downloads/download/6385/children\\_and\\_young\\_peoples\\_jsna\\_201516 - mental health and emotional health and wellbeing](https://www.manchester.gov.uk/downloads/download/6385/children_and_young_peoples_jsna_201516_-_mental_health_and_emotional_health_and_wellbeing)

JSNA Topic Paper: Disabled people (Social Model of Disability)

[https://www.manchester.gov.uk/downloads/download/7145/adults\\_and\\_older\\_people\\_jsna - disabled people social model of disability](https://www.manchester.gov.uk/downloads/download/7145/adults_and_older_people_jsna_-_disabled_people_social_model_of_disability)

## **Introduction**

1. This report provides a recap on the statutory responsibilities of the Health and Wellbeing Board in respect of the Joint Strategic Needs Assessment (JSNA) and summarises a number of recent updates to the JSNA topic papers on the mental health and emotional health and wellbeing of children and young people and on disabled people (Social Model of Disability). It also outlines a proposal to carry out a comprehensive review of the Manchester JSNA in 2022/23.

### **Statutory responsibilities of the Health and Wellbeing Board in respect of the JSNA**

2. The Local Government and Public Involvement in Health Act 2007 (as amended by Health and Social Care Act 2012) states that each local authority and its partner CCGs must, through the Health and Wellbeing Board, prepare and publish an assessment of relevant needs in its area in the form of a Joint Strategic Needs Assessment (JSNA).
3. In exercising this responsibility, the local authority and each partner CCG must co-operate with one another, involve the Local Healthwatch organisation for the area of the responsible local authority and involve the people who live or work in that area.
4. The legislation further states that the responsible local authority and each of its partner clinical commissioning groups "must, in exercising any functions, have regard to any assessment of relevant needs prepared by the responsible local authority and each of its partner clinical commissioning groups...". In other words, they must use the JSNA to help deliver their commissioning responsibilities.
5. In Manchester, the Public Heath Team has been responsible for coordinating the production and upkeep of the JSNA in partnership with other Council Departments, Manchester CCG and a range of VCSE and other partners. The current iteration of the JSNA is hosted on the Manchester City Council website ([www.manchester.gov.uk/jsna](http://www.manchester.gov.uk/jsna)).

### **Recent updates to the JSNA**

6. The need to focus the capacity of the Public Heath Team on responding to the Coronavirus (COVID-19) pandemic has meant that work on the JSNA largely ceased in 2020 and 2021. However, a new topic paper on on disabled children and young people with special educational needs was produced and added to the JSNA website in September 2020.
7. In recent months, work on the JSNA has gradually recommenced with a particular focus on updating a small number of existing topic papers relating to subjects or population groups that have been particularly affected over the course of the pandemic. Two of these topic papers have been comprehensively refreshed and are now publically available on the JSNA

website. These two papers are on the subject of mental health and emotional health and wellbeing of children and young people and on disabled people (Social Model of Disability).

8. A further update to the topic paper on childhood obesity / healthy weight is currently in preparation and is scheduled to be presented to the Children's Board in March 2022.
9. The following sections summarise briefly the content of the two refreshed topic papers. The complete topic papers are publically available on the Manchester JSNA website at [www.manchester.gov.uk/jsna](http://www.manchester.gov.uk/jsna).

*Mental health and emotional health and wellbeing of children and young people*

10. The COVID-19 pandemic has had a profound effect on children and young people. Many young children have found it hard to cope with isolation, loss of routine, disruption to their education and anxiety about the future. Statutory and voluntary sector services have both seen a rise in referral rates, possibly due to either a rise in mental health needs in children and young people or potentially a shift in the public with regard to accessing services. Either way, the demand for already stretched mental health services is continuing to rise. Child and family poverty are a factor in this and the increase in child poverty during the pandemic has exacerbated mental health difficulties. A lack of access to privacy and technology has also prevented children in poorer families from being able to access the increased online offers which were developed during the pandemic.
11. The Office of Health Improvement and Disparities (OHID) has published a high-level summary of the evidence in respect of the mental health and wellbeing of children and young people. This shows that between March and September 2020 children and young people coped well as life satisfaction only slightly reduced and happiness was relatively stable. However, between September 2020 and January 2021, there was a decline in wellbeing and increased anxiety was a key impact. More recent intelligence covering January to June 2021 shows an initial increase in behavioural, emotional and restless/attentional difficulties, although this had decreased by March 2021. Children also appeared to have experienced a reduction in mental health symptoms as restrictions eased in March 2021, as seen in both parents/carers reporting and child self-reporting data.
12. Data from the Department for Education's COVID-19 Parent and Pupil Panel (PPP) suggest that wellbeing scores in secondary school pupils remained relatively stable between March and July 2021, although there is some evidence of a dip in these measures between December 2020 and February 2021 when schools were closed to most pupils. Reported wellbeing had recovered to levels seen before the most recent school closures by March 2021, although average scores for all measures remain lower than in summer 2020.

13. NHS Digital has undertaken a second follow up study to the Mental Health and Young People Survey (MHCYP) 2017 in order to explore the mental health of children and young people during the COVID-19 pandemic and report on changes since 2017. Overall, the results from this follow-up study reinforce the significant increases in probable mental disorders in children and young people. The rate of probable mental disorders in children aged 5 to 16 years increased from 10.8% in 2017 to 16.0% in 2020.
14. The available evidence shows that mental health problems appear to be higher for some children and young people than others.
  - Symptoms of probable mental disorder among children and young people aged between 6 and 23 years old were more likely to be reported in White British and the mixed or other groups, than in the Asian/Asian British and Black/Black British groups in 2021 (although sample sizes are small so need to be treated with caution).
  - Symptoms of mental disorder were higher in children aged between 6 and 16 years old with special educational needs, compared to those without.
  - Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively).
  - A greater proportion of Lesbian, Gay, Bi-sexual, and Transgender (LGBTQI+) respondents aged 11 to 18 years reported that their mental health had worsened since the start of the pandemic, compared to non LGBTQI+ respondents. LGBTQI+ respondents were also more likely to report mental health challenges such as anxiety disorder, depression and panic attacks, and suicidal thoughts and feelings.
15. Local analysis based on applying the best available national prevalence estimates to the local population suggests that there are approximately 5,800 pre-school children aged 2 to 5 years inclusive living in Manchester with a mental health disorder. Similar estimates for school age children and young people indicate that there are around 4,550 children aged 5-16 years with mental health disorders living in the city.
16. Following the implementation of the first national lockdown in March 2020, the Child and Adolescent Mental Health Service (CAMHS) in Manchester reported a slight decrease in referrals. This has since reversed, with a reported increase of up to 70% in the number of referrals across the service, particularly for eating disorders/difficulties. There has also been an increase in acuity, with urgent referrals being up by around 40% and a reported increase in complex cases and self-harm presentations. Despite this surge in demand, the CAMHS service has maintained its target timescales for assessing all new referrals and has utilised a range of digital products to counter service disruptions and provide assessments and ongoing treatment throughout the period where children and young people were unable to attend in person. The service is now attempting to revert to face-to-face appointments where feasible.

17. The Our Manchester strategy recognises the value of children and young people in the city and places children at the heart of its vision for Manchester to be in the top-flight of world class cities by 2025. The city continues to provide services to all children and young people and their families who experience mental health problems or who may be vulnerable and at greater risk of developing mental health problems through a range of community CAMHS services and VCSE sector organisations.
18. As part of the city's Local Transformation Plan 2020/21, we are working with system partners to coproduce and implement a new delivery model of place-based care ('M-thrive') and are testing new types of service models within this model for specific groups of children and young people with complex and additional needs, including children and young people with autism and learning difficulties, eating disorders, those suffering from Adverse Child Experiences, those who are on the edge of care and who display over sexualised behaviour.
19. The topic report describes the findings of the review of Child and Adolescent Mental Health Services (CAMHS) in the city that was undertaken in September 2016 and goes on to summarise the actions that have been taken to address the issues and gaps identified in the review, including the new services and models of care that have been adopted and are being rolled out across the whole of the children's system, as well as some of the key achievements stemming from this work. The report also summarises community and stakeholder views on this topic as identified by the Manchester Youth Council and the young people's mental health and wellbeing charity 42nd Street.

*Disabled people (Social Model of Disability)*

20. This topic report was co-produced with Breakthrough UK and focuses on disabled adults, children and young people and is written through the lens of the Social Model of Disability. As such, the focus is on identifying and removing disabling barriers present in society rather than on people's impairments.
21. Nationally, disabled adults report much lower rates of good health overall compared with non-disabled adults and disabled people are four times more likely to die of preventable causes than the general population. Barriers to accessing healthcare are a significant reason for this and published research looking at the experiences of disabled people in the UK shows that disabled people report worse access to healthcare, with transportation, cost and long waiting lists being the main barriers.
22. All of the health and wellbeing inequalities facing disabled people have been further exposed and exacerbated by COVID-19. In February 2021, the Office for National Statistics (ONS) published a report on Coronavirus and the social impacts on disabled people in Great Britain which showed that:

- A larger proportion of disabled people than non-disabled people aged 16 years and over said they were worried (very or somewhat) about the effect that the coronavirus (COVID-19) was having on their life
  - Disabled people indicated more often than non-disabled people that coronavirus had affected their life in ways such as their health, access to healthcare for non-coronavirus related issues, well-being and access to groceries, medication and essentials
  - Among people who indicated coronavirus affected their well-being, disabled people specified that the coronavirus was making their mental health worse more frequently than non-disabled people and they are more likely to feel like a burden on others, stressed and anxious or lonely.
  - Disabled people had on average poorer well-being ratings than non-disabled people across all four well-being measures (life satisfaction, feeling that things done in life are worthwhile, happiness and anxiety).
  - Disabled people also tended to be less optimistic than non-disabled people about life returning to normal in the short term.
23. Office for National Statistics (ONS) figures show disabled people have made up about three-fifths of COVID-related deaths in England and Wales. Updated estimates of COVID-19 related deaths by disability status showed that between 24 January and 20 November 2020, the risk of death involving COVID-19 in England was 3.1 times greater for more-disabled men and 1.9 times greater for less-disabled men, compared with non-disabled men. Among women, the risk of death was 3.5 times greater for more-disabled women and 2.0 times greater for less-disabled women, compared with non-disabled women.
24. Government commissioned research on the lived experience of disabled people during the COVID-19 pandemic published in September 2021 also highlighted disabling barriers emerging through the pandemic. More locally, the findings from the Greater Manchester Disabled People's Panel Big Disability Survey 2020 show that inequalities in mental wellbeing between disabled and non-disabled residents have been exacerbated by the COVID-19 pandemic and 90% of respondents said that the pandemic has had a negative impact on their mental health.
25. Based on the latest data from the Health Survey for England 2019, published in December 2020, it can be estimated that around 9% of the population aged 16-64 in Manchester have a “moderate or serious” physical impairment compared with 11.2% for the North West and 11.1% for England. Other data from the Quality and Outcomes Framework (QOF) shows that, in 2020-21, there were 4,762 people recorded as having a learning difficulty on GP patient registers in Manchester, compared with 3,246 people in the previous year (2019/20). The big increase in the number of people recorded is likely to be due to improvements in data quality linked to COVID.
26. In 2019/20, there were a total of 2,726 blind or partially sighted people registered with Manchester City Council - a rate of 490.5 per 100,000 population. Just under half (46%) of blind or partially sighted people registered

were recorded as having an additional impairment. Around 28% of blind or partially sighted people also had a physical impairment and 12% were also hard of hearing.

27. Data collected by Manchester City Council as part of the Short and Long Term Service (SALT) report shows that there were 7,390 adults aged 18 and over receiving long term social care support between 1 April 2000 and 31 March 2001. Over this period, 17.5% of all clients aged 18 years and over had learning difficulties recorded as a primary support reason and 61.6% had a physical impairment (physical support need).
28. As well as summarising the evidence in respect of the impact of the COVID-19 pandemic on disabled people, the topic report outlines some of the possible solutions to addressing the barriers to disabled people relating to COVID-19. These recommendations have been drawn up a panel of Manchester based disabled people facilitated by Breakthrough UK who provide guidance to system leaders in the city to remove disabling barriers, based on their own lived experience. These recommendations cover such areas as:
  - Information and advice around COVID-19
  - Transportation and travel
  - Digital inclusion
  - Employment and education
  - After care services (e.g. for Long Covid)
  - Shared learning and experience of removing barriers
29. The topic report also describes the wide range of work that is going on across the city to improve the lives of disabled people. This is complementary to the work to improve the health and wellbeing of all Manchester residents as set out in the Manchester Locality Plan. The ambition is for Manchester to be a fully accessible city that puts disabled people at the front of projects and creates an inclusive and co-productive approach as a default.
30. The Our Manchester Strategy contains a commitment to build a more equal, inclusive and sustainable city for everyone who lives, works, volunteers, studies and plays in the city. The Our Manchester Disability Plan - now known as the Our Manchester Disability Equality and Inclusion Partnership (OMDEIP) - has been co-produced by local disabled people, disabled people's organisations, public sector organisations and other voluntary sector organisations and provides a shared vision on how services must be reshaped to ensure that no further barriers are created for disabled people and that accessibility for all, on whatever activity or topic, is central to our approach to planning and delivering services for disabled people. The main aim of the OMDEIP is to develop actions which will remove the barriers in society that stop disabled people from playing a full part in society.
31. The Manchester Local Care Organisation (MLCO) also has a key role in creating accessible local provision for disabled people and promoting holistic ways of working that address all the pillars of independent living in disabled people's lives.

32. The final section of the topic report contains a series of ‘opportunities for action’ that should be considered by commissioners and strategic bodies, providers, VCSE organisations, disabled people and allies.

### **Review of the Manchester JSNA 2022/23**

33. Given the forthcoming structural changes to the health and care system in the city, it is important to review the content of the Manchester JSNA as well as its overall purpose, structure, format and governance structure. The emergence of the Greater Manchester ICS, and the resulting changes to the role of Manchester CCG and Manchester Local Care Organisation (MLCO), mean that it is a good time to give members of new and existing organisations and groups, such as the Manchester Partnership Board, an opportunity to have their say in terms of what the JSNA should look like in the future and how it fits in with other products and strategies, such as the State of the City report and the Marmot Action Plan.
34. For that reason, it is proposed to undertake a ‘root and branch’ review of the JSNA during the first half of 2022/23, with the aim of presenting a comprehensive set of proposals back to the Manchester Partnership Board and the Health and Wellbeing Board by the autumn of 2022.
35. It is important that this review incorporates a degree of independence and peer challenge so we will look to identify an appropriate organisation to work with us on this task. We will also seek to use the NW JSNA Leads Network and the LGA to identify good practice from other local authority areas.

### **Recommendations**

36. The Health and Wellbeing Board is asked to:
- Note the statutory responsibilities in respect of the Joint Strategic Needs Assessment (JSNA) and the recent updates to the JSNA topic papers
  - Support the proposal to undertake a comprehensive review of the Manchester JSNA in 2022/23.