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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
TABLED DOCUMENTS

DATE: WEDNESDAY 27 JANUARY, 2010
TIME: 10.00 A.M.
PLACE: WARSPITE COMMITTEE ROOM, COUNCIL HOUSE

Committee Members–
Councillor Mrs. Watkins, Chair.
Councillor Mrs. Aspinall, Vice-Chair.
Councillors Berrow, Browne, Delbridge, Gordon, Kerswell, Mrs. Nicholson and Stark.

Co-opted Representative-
Chris Boote, Local Involvement Network (LINk).

PLEASE FIND ATTACHED A COPY OF THE REPORT AND PRESENTATION WHICH WERE TABLED UNDER AGENDA ITEM NO. 7.

BARRY KEEL
CHIEF EXECUTIVE

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

7. JOINT STRATEGIC NEEDS ASSESSMENT (Pages 1 - 20)

The panel will consider the Joint Strategic Needs Assessment - an ongoing and evolving evidence base that informs the general public and those who commission health services, children's services and adult care services.

The Joint Strategic Needs Assessment (JSNA)

Purpose of the Report and Recommendations

The purpose of this report is to inform Elected Members of the completion of the 2008 Joint Strategic Needs Assessment review on the health and well-being of the city's population. The aim of the JSNA is to develop an integrated health and social care response to the needs of local people.

The recommendation is:

1. That the Health & Social Care Overview & Scrutiny Panel consider the data report and provide comment on the findings.

Following the consultation period the Health and Social Care Overview and Scrutiny Panel will be asked to endorse the Joint Strategic Needs Assessment and oversee how the findings are used to support and direct key strategies.

Background

Our health, our care, our say identified the need for Directors of Public Health, Adult Social Services and Children's Services to undertake regular strategic needs assessments of the health and wellbeing status of the local population, enabling local services to plan, through Local Area Agreements, setting both short and medium term objectives.

Putting People First: a shared vision and commitment to the transformation of adult social care. It is further evidenced by the requirement for other statutory and no-statutory stakeholders to be engaged in the design, content and use of the tool.

The basis of the JSNA is described in the Department of Health's Commissioning Framework as: "A good strategic needs assessment, is based on a joint analysis of current and predicted health and well-being outcomes, an account of what people in the local community want from their services and a view of the future, predicting and anticipating potential new or unmet need. It should cover:

- Demography; vulnerable populations; health status of populations; current met and unmet needs; public, patient - local views on current needs and services;
- Analysis of inequalities, service access

A joint data group was established involving representatives from the City Council, Plymouth Primary Care Trust and the Plymouth Public Health Development Unit to draw up the data and documentation. The group was led by the Director for Public Health.

Purpose of the Joint Strategic Needs Assessment

The purpose of the JSNA is to improve understanding of the current and future health and well-being needs of the population over the medium and long term and to identify groups where needs are not being met. It should be used to inform future strategies, including the Sustainable Community Strategy and influence commissioning decisions. It will be used to support and set forward planning of services so that:

- Services are shaped by the community, and
- Inequalities are reduced

The JSNA is an ongoing process and as such a steering group will be established to oversee the identified needs of the people of Plymouth.

What is the JSNA?

JSNA stands for 'Joint Strategic Needs Assessment'. This is supported by a minimum data set, set out by the Government. The purpose of the JSNA is to pull together in a single, ongoing process all the information which is available on the needs of the local population ('hard' data i.e. statistics; and 'soft data' i.e. the views of local people), and analyse them in detail to identify:

- the major issues to be addressed re health and well-being, and
- the actions that will be taken to address those issues.

The JSNA: National picture

Primary Care Trusts and Local Authorities are required to produce a Joint Strategic Needs Assessment of the health and wellbeing of their local community. This is a requirement of The Local Government and Public Involvement in Health Act 2007.

In practice, this means, the Director of Public Health, Director of Adult Social Services and the Director of Children's Services will jointly agree the JSNA and with partners influence the strategic priorities.

There is an expectation that the JSNA influences the PCT's world class commissioning assurance model (world class commissioning competency 5, Appendix A), commissioning decisions and the Local Strategic Partnership's (LSP) Sustainable Community Strategy.

It is expected that the JSNA findings will lead to stronger partnerships between communities, local government, and the NHS, providing a foundation for commissioning that improves health and social care provision and reduces inequalities.

The vision of stronger partnership working is reinforced in the cross-sector concordat set out by the Government.

The JSNA is a tool to identify the health and wellbeing needs and inequalities of a local population as well as inform the targeting of service provision. It also provides a local picture beyond NHS data and includes:

- educational attainment
- housing quality
- employment levels

The process for delivering the JSNA should be underpinned by:

- partnership working: led by Directors of Public Health, Adult Social Services and Children's Services working in collaboration with Directors of Commissioning
- community engagement: active engagement with communities, patients, service users, carers, and providers including the third and private sectors to develop a full understanding of needs, with a particular focus on the views of vulnerable groups
- evidence of effectiveness: identifying relevant best practice, innovation and research to inform how needs will best be met.

JSNA assesses current and future needs over the short and medium term, but takes into account anticipated changes in demography and infrastructure developments and informs strategic planning. It should also align with three-yearly Local Area Agreement planning cycles and inform commissioning plans.

The findings of the JSNA should be fed back to the local community in a range of formats that will be accessible to members of the public. This will include Annual Reports and PCT and local authority websites.

Further details can be found at
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081267.pdf

The JSNA: Plymouth picture

Tackling health inequalities and root causes that lead to differences between life expectancy and opportunities is the single most important priority for the LSP to address, if it seeks to achieve the ambition of being "one of Europe's finest, most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone."

The emerging key issues highlighted below need to be tackled if health and social care outcomes are to be improved.

Health and Wellbeing

- Mortality rates are falling although the life expectancy between the least and best neighbourhoods remains at 13 years
- Most deaths are caused by heart disease, stroke or cancer
- Increase in emergency admissions from those living in deprived neighbourhoods (0-3yrs and 75+ account for more than any other group)
- Up to 16% of adults suffer from mental health problems (especially those in deprived neighbourhoods)
- Increase in Type 2 diabetes in younger people

Lifestyle

- It is suggested that there is a strong association between health of individuals, households, residential accommodation and material wealth arising from employment.
- There is a five-fold difference across the city in terms of unemployment and incapacity benefit.
- People with disabilities do not have the same access to work opportunities as others.
- Concerning trends include: increase in, smoking amongst women; obesity levels; substance misuse; teenage pregnancy; risky behaviour; stress and low levels of physical activity

New / emerging issues from the review of the 2008 JSNA

- Health inequalities – child poverty, worklessness, physical activity opportunities, low levels of decency
- Inconsistency between good quality health care and mortality rates
- Relationship between mortality and material deprivation
- Emergency admissions for causes other than the main causes of death ie. Parental concerns for infants, unintended injuries amongst children and young people
- High costs (regional comparison) anomalies occurring in mental health, learning disability, musculo-skeletal problems, out of hospital care and continuing care

- People with long term conditions need to control their condition and be more independent
- Low levels of decency in housing
- Differing groups of people whom tend to suffer most ill health: older people in poor health who previously worked in heavy industry, live in low rise social housing and are over 75; owners of terrace housing built to house industrial workers, hostel dwellers and manual workers.

So what?

The 2008-09 strategic priorities remain, these include:

- Tackling health inequalities
- Increasing health promotion and prevention
- Promoting mental health awareness
- Improving access and take up of services
- Promoting independence

The 2009 review of the first JSNA recommends consideration is given to the following areas:

- Tackling child poverty
- Addressing worklessness especially amongst young people
- Promoting entrepreneurialism across the city
- Addressing access to physical activities
- Ensuring there is a focus on improving housing decency standards
- Safeguarding children

Process and timescale

Date	Action
14 December 2009	• Consultation workshop
12 January 2010	• Director and Portfolio Briefing • Presentation to CMT • Primary Care Trust Executive presentation
27 January 2010	• Joint Health & Social Care Overview & Scrutiny Panel and Children's Panel Briefing
31 January 2010	• JSNA data report published

Appendix A

World Class Commissioning Framework

World Class Commissioning is a statement of intent, aimed at delivering outstanding performance in the way health and care services are commissioned.

The NHS vision is to deliver a health and care system that is fair, personalised, effective and safe. World Class Commissioning is an important vehicle for deliverg this vision.

For the vision to be delivered, commissioners will need to have a good understanding of matters to patients, clients, public and staff, develop closer links with the local community and plan and design services to meet long term priorities and outcomes that meet the needs of the local population

To become a world class, health commissioners will need to develop knowledge, skills, behaviour and characteristics that will ensure outstanding services are commissioned.

There are 10 organisational competencies that PCTs are required to meet (information as to how the JSNA contributes to competencies is shown under the relevant section below):

Competency 1: Locally lead the NHS

Competency 2: Work with community partners
The inclusion of a range of local partners, including the third sector, is fundamental to the delivery of a successful JSNA. These partners will be better equipped to work together to tackle the underlying determinants of health inequalities in the community identified in the JSNA.

Competency 3: Engage with public and patients
To be used effectively JSNA must include information on local 'voice'. This could mean identifying the aspirations and concerns of different local communities so that these can be incorporated into the JSNA and used to influence local decision-making.

Competency 4: collaborate with clinicians

Competency 5: Manage knowledge and assess needs
Local JSNAs should contain significantly more and better data, knowledge and intelligence than the minimum required by the statutory duty.

Competency 6: Priorities investment
JSNA is all about developing a consensus among partners on local issues and needs to be addressed. In doing this it also allows overall local strategic priorities to be set and investment decisions to be made accordingly.

Competency 7: Stimulate the market

Competency 8: Promote improvement and innovation

Competency 9: Secure procurement skills

Competency 10: Manage the local health system

Further details an be found in :
http://www.kc-pct.nhs.uk/resources/reports/documents/competencyhandout.pdf

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JOINT STRATEGIC NEEDS ASSESSMENT

SCRUTINY JANUARY 2009

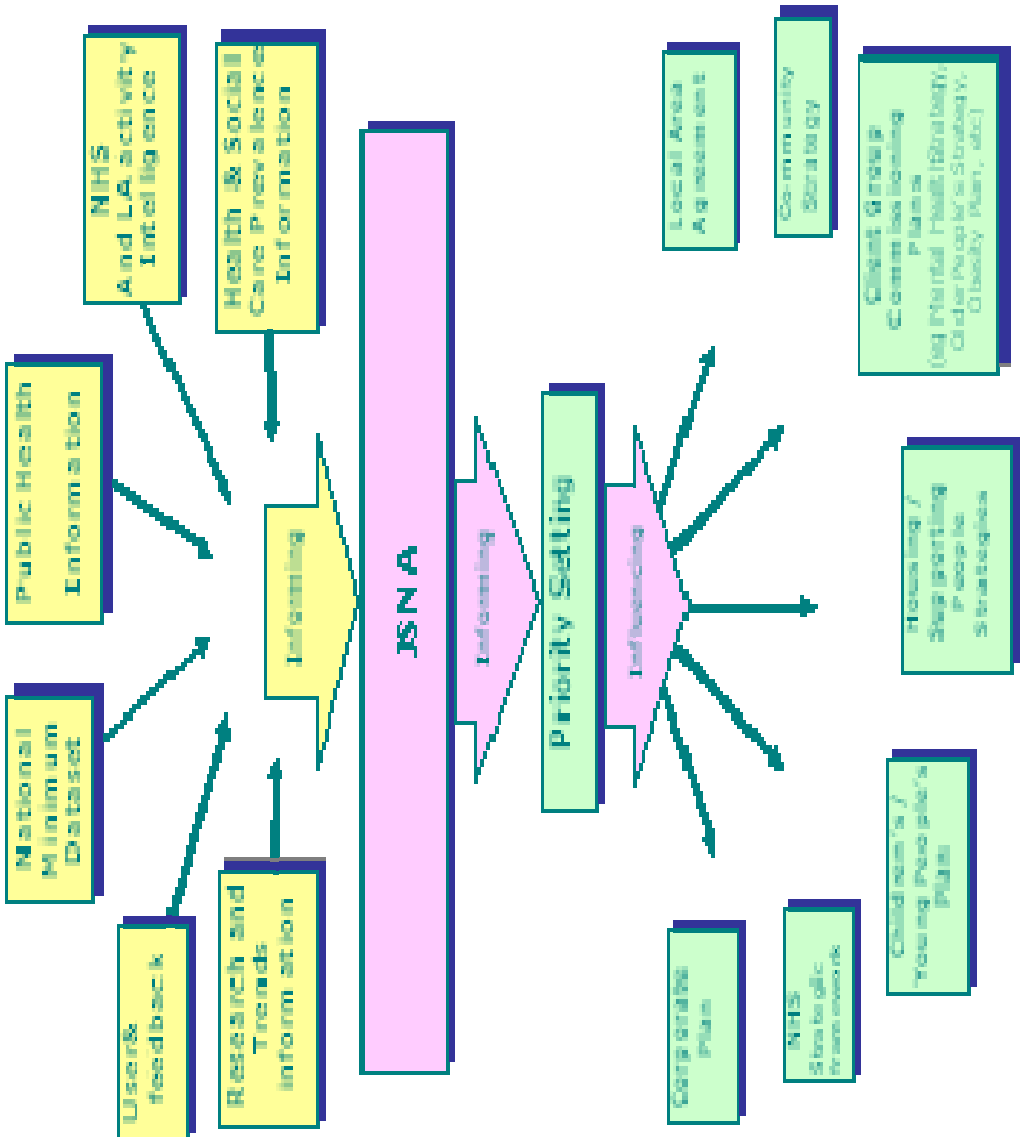
What is the JSNA?

The JSNA is a needs assessment data document that when analysed draws out the main health, social care and well-being needs of the city.

It is used to set priorities and to inform those who commission adult care services and children's services as to where to address needs.

Domains covered

- Social and environmental context
- Demography
- Lifestyle
- Social Capital
- Services and resources
- Physical health and well-being
- Mental health and well-being
- Hospital admissions
- Mortality and life expectancy
- Resources for health and social care.


NHS And LA activity Intelligence
Health & Social Care Prevalence Information
Public Health Information
National Minimum Dataset
User & feedback
Research and Trends information
Informing
JSNA
Informing
Priority Setting
Influencing
Local Area Agreement
Community Strategy
Client Group Commissioning Plans (eg Mental Health Strategy, Older People's Strategy, Obesity Plan, etc)
Housing / Supporting People Strategies
Children's / Young People's Plans
NHS Strategic Framework
Corporate Plan

What are some of the findings?

What do most people in Plymouth die of?

Eight in ten of all deaths in the city are caused by heart and vascular problems, cancers, respiratory diseases and digestive problems as listed below. These disease categories have remained unchanged from 1997 to 2008 both in terms of proportions and rank order, as follows:

- Circulatory diseases 40% on average 1997 to 2007
- Neoplasms (Cancer) 27% on average 1997 to 2007
- Respiratory diseases 14% on average 1997 to 2007
- Digestive diseases 5% on average 1997 to 2007
- Source: NHS Plymouth, PHDU 2009.

What are some of the findings?

Plymouth has had relatively more deaths (standardised for age) than the South West Region and England.

Overall there is a downward trend in death rates. Analysis suggests that this downward trend is mainly in diseases amenable to healthcare

Changes in our population

- The estimated resident population of the city has increased by 5% from 241,000 in 2001 to 252,800 in 2008.

- The demographic structure of the city population has general slightly more females (51%) than males which closely reflects the national pattern

- The population of the city is thought to be slowly ageing with the GP register recording a 2 to 3% drop in the under 19 age group and a slight increase in the 65+ group and the 75+ groups to 2008.

Changes in our population

- The city has experienced a ‘baby boom’ since 2001 but particularly during the three years to 2008. The under 1 age group has recorded a year on year increase from 2,172 in 2001 to 3,100 in 2008 representing a 46% increase.

- The numbers of people from different ethnic backgrounds is unclear. However, schools are required to report ethnicity of children in the City. Based on the 2009 School Census data, there are 36,621 children and young people in schools. Of these, 32,194 (87.9%) are classified as White British, and 2,400 (6.6%) as other ethnic groups. Details for a further 2,027 (5.5%) children and young people are not available.

How does life expectancy and illness differ across the City?

- Life expectancy for both males and females increased almost year-on-year in the city between 1991 and 2007 in line with the rest of the country.

- However, life expectancy is uneven across the city and the pattern followed material deprivation. For example, a newly born resident of Glenholt can expect to live the longest in Plymouth (86.1 years) whilst a newly born resident of Devonport can expect to live the least (73.1 years), a 13 year difference in 2005- 2007.

- This inequality in health occurs in all illness groups and includes mental ill health.

Other emerging issues

- Approximately 11,000 Plymouth residents are estimated to be affected by some form of mental health condition.
- There are consistently more emergency admissions to hospital than elective admissions year on year in Plymouth with two thirds of emergency hospital admissions are for causes other than the main causes of death (circulatory, respiratory, digestive, cancer and heart related conditions)
- Child poverty is a significant issue for the city – approximately 24% of all children in Plymouth are regarded as living in poverty compared with 22.4% nationally.

Other emerging issues continued…

- The proportion of adults with learning difficulties in paid employment was much lower in Plymouth (4.6%) in 2008/09 than it was nationally (7.6%) or the South West Region (6.9%).
- The proportion of young people in Plymouth who were ‘neither in employment, education or training’ (NEET) stood at 7.9% in 2008/09, a rise of just over 1% on the level in 2007-08.
- GCSE attainment levels for 5A*-C including English and Maths was lower in Plymouth than the national average in 2008

Other emerging issues continued…

- Housing stock condition in the city deteriorated significantly over the last five years with the level of non-decency increasing by almost 20%.
- Plymouth had a significantly higher prevalence of adults who smoke (27.6%) than was the case nationally (24.1%) in 2007/08
- Hospital stays for alcohol related harm are significantly higher in Plymouth (1773.3 per 100,000) than was the case nationally in 2007/08
- Teenage pregnancy rates are higher than nationally
- Plymouth has lowest prevalence of breastfeeding at the 6 – 8 week check than elsewhere in the South West.
- Obesity rates are increasing in children year on year

Next Steps

To inform priorities and delivery plans the following action will be taken the Local Strategic Partnership to receive a report detailing recommendations to:

- Establish a framework whereby the data from the JSNA continuously informs the commissioning of services and the impact of these services on users
- Commissioning further research and investigation where identified.

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