TELFORD & WREKIN COUNCIL

CABINET - 13th OCTOBER 2009

TELFORD AND WREKIN JOINT STRATEGIC NEEDS ASSESSMENT 2009

Report of: Helen Onions, Public Health Specialist, NHS Telford and Wrekin

PCT Lead Director responsible:
Dr Catherine Woodward - Director of Health Improvement

Corporate Directors responsible:
Julia Almond – Children & Young People
Paul Donohue - Adults and Community Well-being

1. PURPOSE

This report introduces the 2009 Telford and Wrekin Joint Strategic Needs Assessment (JSNA) executive summary report which will be received by the Council Cabinet and PCT Board in Telford and Wrekin on the 13th October 2009.

The report provides the background context and overview of the JSNA process undertaken in 2008 and 2009. The suite of underpinning intelligence documents developed to inform the process and the key themes for the strategic health and well-being priorities derived from them are summarised. The next steps and further development of the JSNA process are described.

2. RECOMMENDATIONS

Cabinet are asked to:

2.1 Endorse the strong partnership approach used to develop the JSNA across the Council and PCT;

2.2 Recognise that the JSNA process confirms and validates the shared health and well-being priorities already identified by the Council and PCT in their key strategic planning documents;

2.3 Be assured that the findings of the JSNA are already influencing the commissioning process to ensure needs-led service development in priority areas.

3. SUMMARY

3.1 The Local Government and Public Involvement in Health Act 2007 placed a duty on Local Authorities and PCTs to undertake JSNA. The overall aim of the

process is to inform the development of commissioning priorities in order to improve health outcomes and reduce health inequalities.

The 2009 Telford and Wrekin JSNA consists of an executive summary, which derives a series of key messages for local health and well-being priorities, from a suite of underpinning intelligence documents. The strategic priorities identified through the JSNA process strongly align to the Council's corporate priorities as identified in the Health and Well-being Strategy and the Children and Young People's Plan. The priorities are also shared by the PCT as NHS World Class Commissioning health outcome priorities.

There is clear evidence that the intelligence from the JSNA is already being used to develop local health and well-being strategies. The findings from the JSNA process are now directly influencing the commissioning process across both the PCT and the Council, ensuring that service development is "needs-led".

Involving and engaging, listening and responding to the public, patients and service users is an overarching joint priority. Continuing to consult and respond to the needs identified by the public, particularly those groups most likely to be excluded, will be a key area for the development of the JSNA going forward.

4. PREVIOUS MINUTES

N/A

5. INFORMATION

5.1 Background

The Local Government and Public Involvement in Health Act 2007[1] placed a duty on Local Authorities and PCTs to undertake JSNA. Directors of Public Health, Directors of Adult Social Services and Directors of Children's Services are expected to lead the process. The development of the Telford and Wrekin 2009 JSNA was overseen by a steering group consisting of senior staff working for the responsible Directors including; Lead Commissioners, Patient and Public Engagement leads and Information Analysts from Local Authority and PCT.

National guidance on Joint Strategic Needs Assessment[2] defines a process which identifies "the big picture" in terms of current and future health and well-being needs and inequalities of a local population. The overall aim of the process is to inform the development of commissioning priorities which improve health outcomes and reduce health inequalities.

---

[1] Local Government and Public Involvement in Health Act 2007. Section 116. October 2007. http://www.opsi.gov.uk/acts/acts2007/ukpga_20070028_en_1

[2] Department of Health Guidance on Joint Strategic Needs Assessment. December 2007. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

5.2 The Components of the JSNA

The suite of intelligence documents which underpins the JSNA includes the following:

- Detailed socio-economic and demographic foundation reports
- An extensive benchmarking exercise which defines local health and well-being priorities in terms of worse performance compared to the national average
- A series of priority summaries providing detailed facts and figures, trends and inequalities information plus a synopsis of evidence of effectiveness
- A set of in-depth needs assessments including three deep dive reports covering obesity in adults and children; dementia; and speech and language development.

5.3 Joint Strategic Health and Well-being Priorities

The JSNA core dataset benchmarking exercise is based on the nationally recommended indicator set. The benchmarking exercise uses a RAG (red, amber, green) rating system to compare local performance against a wide range of benchmarks including national and regional averages and peer PCTs and Local Authorities in the Office for National Statistics (ONS) Manufacturing Towns classification group.

The benchmarking process identified a series of indicators where performance is “statistically significantly worse than the national benchmark position”. These indicators clearly map to the top health and well-being priorities identified by the PCT in its Strategic Plan and by the Council in its Health and Well-being Strategy and the Children and Young People’s Plan.

The shared priority across the two organisations to engaging with the public and patients and putting people first is an overarching priority.

5.4 The JSNA Deep Dives

The JSNA deep dives for obesity, dementia and speech and language development used a range of methodologies to undertake in-depth needs assessment across the three programme areas. Although the methodologies for the needs assessments differed, each deep dive included some or all of the following components:

- Reviews of evidence-based practice and national guidance;
- Mapping of current service provision against current need, demand and supply;
- Consideration of the views of the public, patients and service users and professional stakeholders.

All three deep dives include a series of detailed recommendations which are being used to develop and refresh strategies for across the three areas. Some of the recommendations have started to be implemented and, therefore, will shortly directly impact on service development.

5.5 Influencing the Commissioning Process

Undertaking needs assessment is a key part of the commissioning cycle. Lead Commissioners from the Joint Commissioning Team, which works across the PCT and Local Authority, have been core members of the JSNA steering group from its inception. The three deep dive needs assessments have been coordinated by responsible Lead Commissioners and Commissioning Managers within their teams.
There is evidence that the findings from the deep dives have already directly influenced the development and refresh of multi-agency health strategies.

In 2009/10, the emerging outputs from the JSNA have been shared with Commissioners across the PCT and Council. The intelligence in these documents has been used to refresh the commissioning dashboards as part of the preparations for the 2010/11 business planning round for both PCT and Council.

5.6 Developing the JSNA – the next steps

An early refresh of version 1 of the 2009 JSNA is expected in December 2009. The second version of the JSNA will incorporate further analyses and intelligence and will directly contribute to the review of the Health and Well-being Strategy / Priority Plan which will be developed during January and February 2010. The JSNA will also be used to inform forthcoming reviews of the Children and Young People's Plan.

A workshop event to review of the JSNA process and outputs will be undertaken by the end of the year. This event will involve consultation with key stakeholders including professionals and the public. The review of best practice in JSNAs nationally undertaken in 2009 will be repeated.

A key area for development will be how to embed involvement of the public, patients and service users in the JSNA process. Further consideration will also be given to developing the process which ensure that findings from the JSNA are used to systematically influence commissioning to ensure needs-led service development.

6. Equal Opportunities

Reducing inequalities related to health and well-being is one of the top ten priorities identified in the JSNA. Variations in health status, service usage and health and well-being outcomes are investigated for the priority areas in the JSNA. This includes identification of inequalities which are related socio-economic deprivation, age and gender as well as geographical variations for example between wards or population groups.

7. Environmental Impact

None

8. Legal Comment

Section 116 of the Local Government and Public Involvement in Health Act 2007 came into force on 1st April 2008 and requires an assessment of relevant needs (Joint Strategic Needs Assessment) to be prepared and published by each responsible local authority jointly with each of its partner Primary Care Trusts, in accordance with guidance issued by the Secretary of State.

The JSNA identifies areas for priority action through Local Area Agreements and informs Sustainable Communities Strategies.

The Department of Health published guidance upon the JSNA process on 13th December 2007, which complements the statutory guidance "Creating Strong, Safe and Prosperous Communities" published on 9th July 2008, builds upon the Commissioning Framework for Health and Wellbeing published on 6th March 2007 and is to be read alongside the NHS Operating Framework. The JSNA core data set was published on 1st August 2008.

9. Links with Corporate Priorities

The top ten priority health and well-being outcomes identified through the Joint Strategic Needs Assessment are strongly aligned to the Council's corporate priorities and the PCT's World Class Commissioning priority health outcomes. The three priorities identified in the Being Healthy section of Children and Young People's Plan are identified as priorities in the JSNA and are also identified within the PCT's top ten WCC priority outcomes.

10. Financial Implications

10.1 Existing strategies pick up many, if not all of the priorities consolidated in the JSNA, therefore the current budget framework for the provision of Council care and housing services take account of the resource implications of the priorities identified.

10.2 In addition, the Council's budget strategy for the next three years includes consideration of the resources available for care services and other relevant areas, such as housing provision. Decisions about the future budgets strategy for the Council and consultation will be carried out during the latter part of 2009. The provision of services to meet the needs identified through the JSNA will be undertaken within the resources allocated by the PCT and Council. The outlook for the tightening of future Government spending on Public services will make such decisions very difficult. In addition, the future direction of service delivery, applying the future shape of services under "Putting People First" and the future funding of care services being consulted upon by Government is likely to significantly change the application of existing Council funding for care services.

11. WARD IMPLICATIONS

The content of this report is relevant to all Wards.

12. BACKGROUND PAPERS

JSNA presentation delivered at the Adult Health and Well-being Partnership Board on 23rd September 2009

Report prepared by:
Helen Onions (on behalf of the Telford and Wrekin JSNA Steering Group)
Public Health Specialist, Directorate of Health Improvement
NHS Telford and Wrekin Helen.onions@telfordpct.nhs.uk

APPENDIX I

Telford and Wrekin Joint Strategic Health and Well-Being Priorities

JSNA Core Dataset "worse than average performance" Indicators	Priority Health Outcomes	Adult Health and Well-being Partnership Priorities	Children's Trust Plan Health Priorities	PCT World Class Commissioning Outcome Metrics
	Engaging with and Putting Patients and the Public First	✓	✓	Patient Experience
Overall multiple deprivation	Health Inequalities	✓	✓	Narrowing the gap in all-cause mortality rates
Children living in poverty				
All-Age All-Cause Mortality (persons)	Life expectancy	✓		All-Age All Cause Mortality Rate
All-Age All-Cause Mortality (males)				
Life Expectancy (males)				
Healthy life expectancy at age 65 (males)				
Healthy life expectancy at age 65 (females)				
Premature mortality rate from all circulatory diseases <75 (persons)	Cardiovascular disease	✓		Premature mortality rates from circulatory diseases
Premature mortality rate from all circulatory diseases <75 (males)				
Premature mortality rate from coronary heart disease <75 (persons)				
Premature mortality rate from coronary heart disease <75 (males)				
Hospital admission rate for myocardial infarction (all ages)				
Management of blood pressure in CHD patients				
Management of blood pressure in stroke				
Management of blood pressure in hypertensive patients				
Management of cholesterol in CHD patients				
Prevalence of obesity in Reception year children (aged 4-5 years)	Childhood obesity		✓	Prevalence of obesity in Reception and Year 6
Prevalence of overweight in Reception year children (aged 4-5 years)				
Deaths attributable to smoking	Smoking	✓		Smoking quitters
Smoking in pregnancy				
Breastfeeding initiation at birth	Breastfeeding		✓	Duration of breastfeeding at 6-8 weeks
Breastfeeding duration at 6-8 weeks				
Under 18 conception rates	Teenage pregnancy		✓	Under 18 conception rates
Under 16 conception rates				
Early termination of pregnancy (under 10 weeks)				
Hospital admission rates for alcohol-related harm	Alcohol-related harm	✓	✓	Hospital admission rates from alcohol-related harm
Hospital admission rates for alcohol-specific conditions				
Hospital admission rates for alcohol-attributable conditions				
Patients admitted within 18 weeks (all)	Acute Care			Patients seen within 18 weeks
Patients admitted within 18 weeks (day cases)				
Patients admitted within 18 weeks (inpatients)				
Patients admitted within 18 weeks (non-admitted)				