

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 8th December, 2011

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WARD(S): All

PART I
FOR COMMENT AND CONSIDERATION

JOINT STRATEGIC NEEDS ASSESSMENT- PROGRESS REPORT

1. **Purpose of Report**

The purpose of the report is:

- (a) To inform panel of the purpose of the JSNA and progress toward the finalisation of the 2011 version
- (b) To inform member of the key health issues over the last 2 years both success and the areas that remain a concern.

2. **Recommendation(s)/Proposed Action**

The Committee is requested to:

- Note the information contained in the report

3. **Community Strategy Priorities**

- **Celebrating Diversity, Enabling inclusion**
- **Adding years to Life and Life to years**
- **Being Safe, Feeling Safe**
- **A Cleaner, Greener place to live, Work and Play**
- **Prosperity for All**

This report reflects the Council's aims under the five key priorities and focuses on all aspects of community wellbeing.

4. **Other Implications**

(a) **Financial**

There are no financial implications of the proposed action.

Human Rights Act and Other Legal Implications

The PCT and the Council have a statutory duty under the Local Government and Public Involvement in Health Act (2007) to undertake Joint Strategic Needs Assessment (JSNA).

Human Rights Act Implications.

There are no Human Rights Act implications in regard to this report.

Equalities Impact Assessment

5. **Supporting Information**

Purpose of JSNA

The Local Government and Public Involvement in Health Act (2007) places a duty on upper-tier authorities and Primary Care Trusts to undertake Joint Strategic Needs Assessment (JSNA).

In 2006 the Department of Health White Paper *Our Health, Our Care, Our Say* sets out a new direction for improving the health and wellbeing of population in order to achieve:

- Better prevention and early intervention for improving health, independence and wellbeing
- More choice and a stronger voice for individuals and communities
- Tackling inequalities and improving access to services
- More support for people with long term needs

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 their populations, enabling local services to plan both short and medium term objectives.

In definition the Joint Strategic Needs Assessment describes:

- a process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness
- It identifies "the big picture" in terms of the health and wellbeing needs and inequalities of a local population

Needs assessment is an essential tool for commissioners to inform service planning and commissioning strategies. For the purpose of JSNA, a clear distinction should be made between individual and population need. JSNA examines aggregated assessment of need and should not be used for identifying need at the individual level. Specifically, JSNA is a tool to identify groups where needs are not being met and that are experiencing poor outcomes.

Key Findings from this years JSNA exercise

New insights into current and projected needs of vulnerable groups based on the local Government Improvement and Development JSNA data inventory published in August 2011. A key gap in the projected needs of those with physical disability has

been identified by commissioners and the new projections will inform future commissioning.

Detailed population density maps for planning services have yielded insights into how the provision of age-specific services can be improved

An update on population growth with insight into the optimum modelling of future migration to inform the planning of school places and housing

An update on changes in prevalence of GP registered patients with long term conditions – mental health, diabetes and coronary heart disease are the ones that are statistically higher and adult obesity

Identification of wards with significantly higher rates of emergency admissions

Where poorer outcomes have been found or where cost is above the expected range there are now ten top areas suggested for the health and wellbeing board to influence plus information from benchmarked analysis of primary and secondary care data to assess the most costly areas of spend to inform commissioning in 2012-13.

Significant opportunities for remodelling services are identified prior to the move to local authorities e.g revising the mental health and sexual health contracts in 2012-13.

Detailed service templates from the majority of NHS providers of childrens' and older peoples services in readiness for the transfer of public health commissioning functions to the local authority

6. **Comments of Other Committees**

None.

7. **Conclusion**

The new look JSNA will have four distinct products.

- The first is an electronic guide to the key findings which will take the reader via hyperlinks* to the underlying service templates and core datasets
- The second is an executive summary detailing the top ten priorities all set out under the six headings of the LGID guidance to aid prioritisation.
- There will be two separate powerpoints – the first showing population density data by five year age bands for those planning services who do not have access to routine mapping software.
- The second powerpoint is a summary of the key findings (attached)

*Hyperlinks in the electronic guide will enable information leads and commissioners to access the underlying templates and datasets once they are transferred to the local authority. This is work in progress as the goal is for unitary authority commissioners to have access to the same data visible to NHS commissioners subject to information governance compliance. This document will have an Appendix 3 - a directory of childrens and older peoples services with hyperlinks to the underlying service templates

Final approval will be required by the JSNA working group before the guide can be circulated for consultation as they may wish to develop a version which can be viewed on the website for the public to see which may not have the same links due to information governance requirements.

8. **JSNA Membership**

The membership of the JSNA group is as follows:

Slough

Jane Wood, Chair and Director of Adult Social Care and Health, SBC
Dr Russell Bourner, Policy and performance manager, SBC (JSNA coordinator)
Dean Cooke – Senior Trading Standards Officer, SBC
Ginny de Haan, Senior Environmental Health lead, SBC
Su Gordon Graham – Joint Commissioning Manager, Community and Wellbeing, SBC
Ramesh Kukar- , Chief Executive Slough Voluntary Action
Avtar Maan – Safer Slough Performance and Data Collection officer, SBC
Asmat Nisa - Assistant Director, Public Health Slough, NHS Berkshire East
Dr Jim O'Donnell – GP lead, Slough clinical commissioning group
Sian Smith, Children's Commissioning Manager, SBC
Paul Stimpson – Head of Policy Planning and Projects, SBC
Emma Walker – DAAT Contracts Manager , SBC
Philip Wright - Head of Life Long Learning, SBC

For NHS Berkshire working across all three areas

Sid Beauchant - Senior Information Advisor, NHSBE
Pranay Chakravorti – Commissioner Childrens Services, NHSBE
Diane Clemison – Public Health Specialist
Katherine Kneale – Administrative support for the service templates
Tim Langran – community pharmacist, NHSBE
Dr Naheed Rana – Epidemiologist/information lead.
Sarah Shildrick – JSNA Information analyst, NHSBW
Anthony Skilling – Primary Care Commissioning Manager, NHSBE
Dr Angela Snowling - Assistant Director of Public Health (Bracknell) and JSNA lead, NHSBE
Viki Wadd – Assistant Director Unscheduled Care, NHSBE
Nana Wadee - Information officer, NHSBW

9. **Appendices Attached**

None.