	Committee and Date	Item
Shropshire Council	Shadow Health & Wellbeing Board 18 January 2012 9.30 a.m.	**10** Public

JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

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1. Summary

The Joint Strategic Needs Assessment (JSNA) has been a mandatory requirement for PCT's and Local Authorities since 2007. It seeks to identify health needs in the local population and inform the commissioning of services based on these needs. The Health and Social Care Bill 2011 has given a renewed focus on the JSNA by giving it a central role in bringing partners together in deciding priorities. These priorities will form the structure of the Health and Well Being Strategy, which will be key to commissioning health and social care services in the local area.

2. Recommendations

Members are asked to approve the progress on creating a revised JSNA as set out in the report and endorse the proposed future developments.

<div align="center">REPORT</div>

3. Background

Shropshire has previously published two JSNA's with the most recent being in 2009-10. The JSNA process is currently being refreshed to take into account the changes in policy and include a wider remit. It is realised that the process will change over time and that not all information will be immediately available, but will be added to and enhanced as new data becomes available.

4. Additional Information

Progress to Date

- Shropshire had a JSNA peer review at the beginning of 2011 which provided a chance to evaluate the current JSNA with a view to refreshing it. From this peer review a JSNA steering and editorial group was established, with two sub-groups. The sub-groups are the data sub-group which focuses on

collecting data, information, quantitative information and the communications sub group, which focuses on engagement.

- The steering and editorial group proposed that the JSNA should be based on the six themes from the Marmot Report. An outline structure for the JSNA has been developed based on the six themes of the Marmot Report. Each topic area (e.g. obesity, smoking, etc) has been allocated to one of the six themes on the basis that it has the most likely fit with that theme. However, each topic does not necessarily fit under each theme and therefore there will be cross cutting issues from the topic in other themes. The structure has been shared at the assurance visit for Shropshire with the Regional Director of Public Health and her team. The themes from the Marmot report are:

  - Give every child the best start in life
  - Enable all children, young people and adults to maximise their capabilities and have control over their lives
  - Create fair employment and good work for all
  - Ensure healthy standard of living for all
  - Create and develop healthy and sustainable places and communities
  - Strengthen the role and impact of ill health prevention

- The outline structure was used to create templates for programme / commissioning leads in the Public Health team and service / commissioning leads at the Local Authority to complete. The templates vary slightly for Public Health and Local Authority leads to take into account the different nature of their remits. The templates were developed by the Public Health Intelligence team at the PCT and the Research and Information team and Performance staff at the LA. The templates ask about the services provided or commissioned, who service users are and whether they think there are any gaps in the service. The findings will be looked at alongside data and information on the services and / or the local population and their health needs. Most of the Public Health templates have been completed and returned to the Public Health Intelligence team and the LA templates are currently being returned.

- The outline templates were also used to match data sources to specific topics. Currently teams in both the PCT and LA are updating all the data and information that will be required for inclusion in the JSNA. A data inventory has been published nationally and as far as possible and where relevant this is being adhered to. The data requirements are being identified and data sheets on specific health areas are being developed for inclusion on the website. Due to the nature of this work and the constant updating of information this will be an on-going process.

- It has been agreed that the JSNA will need to move to a live interactive format, which will enable users from different perspectives to access the information to inform decision making. In the interim the Research and Intelligence team at the LA have set up some JSNA web pages. Meetings have taken place with the Research and Intelligence team and PCT Public Health Intelligence to discuss content on these pages.

- A stakeholder event was held with over 300 organisations represented. This provided an opportunity to engage different sectors and build on existing networks between organisations.

- Focus groups about JSNA and health information have been held with GP's and patient groups in Shropshire. There are also plans to possibly do more of this type of work and build on the work already done, e.g. possible training around key local health issues with patient groups.

Emerging findings from the JSNA

Current work on the JSNA has identified a number of emerging findings these are based on demographic and socio-economic change and the resulting emerging health needs in the population.

- **Obesity in children**, Shropshire is currently similar to national figures for childhood obesity. However, obesity is a large emerging public health issue. Obesity in childhood is linked to obesity in adulthood; therefore preventing it would impact on future adult obesity levels.
- **Early year's nutrition including breastfeeding**, breastfeeding figures in Shropshire is similar to the national average. However, promoting breastfeeding and early year's nutrition is likely to have an impact on obesity rates for children.
- **Obesity in adults**, although obesity in adults is currently similar to the national average, trends in obesity in England are increasing. Obesity is linked to a number of long term conditions, e.g. diabetes, CHD, which are also increasing. This increase in conditions could lead to an increase in mortality and a decrease in well-being.
- **Diet, nutrition and healthy eating**, currently five a day consumption in Shropshire is similar to the national average. However, healthy eating and nutrition are key drivers in reducing levels of obesity and associated chronic disease.
- **Physical activity**, physical activity levels in Shropshire adults are similar to the national figures. Physical activity is hugely important in preventing and improving a number of physical and mental health issues. It is also key to maintaining a healthy weight and preventing the rise in obesity.
- **Alcohol consumption**, Shropshire has similar levels of alcohol consumption compared to the national average. However, alcohol causes a number of physical and health related problems and is linked to crime and disorder. Consuming higher amounts of alcohol than the recommended limit is also linked to increasing obesity.
- **Long term conditions,** Shropshire has a higher than national 65+ population which is increasing. The QOF also records a number of long term conditions in Shropshire being higher than national, which is in part due to the ageing population, e.g. dementia, CHD, etc. Increasing numbers of long term conditions can result in pressure on services and higher rates of premature mortality.
- **Hip fractures in people aged 65+ years**, there are similar rates of over 65 years hip fractures in Shropshire compared to the national figure. However, hip fracture can be a cause of premature mortality, disability and reduced quality of life.

- **Premature mortality from cancer and CVD**; although in Shropshire cancer mortality is similar to the national figure and CVD is significantly lower both diseases are the biggest cause of death locally and nationally. There are also significant inequalities in premature mortality from both cancer and CVD which ultimately impacts on the health of the population. In recent years the premature mortality rate for cancer has increased slightly, although this is not significant.
- **Inequalities in life expectancy in males**, there are significant inequalities in life expectancy in males in Shropshire, although life expectancy for men overall is significantly higher than average.
- **Reduced life expectancy in females**, female life expectancy in Shropshire is significantly higher than the national figure; however it has remained fairly static for a number of years. If this trend continues it will become similar to national figures for female life expectancy.

Priorities

From the above section on emerging findings from the JSNA the following are likely to be main / overarching public health priorities. Individual (topic) area priorities will sit below these.

1. **Ageing population**, this has implications for service provision and many of the emerging findings are diseases related to older age groups, e.g. long term illness and hip-fracture. Following healthy lifestyle choices are key to healthy ageing as poor lifestyles are more likely to impact on older age groups, e.g. increased risk of obesity and lower activity levels.
2. **Health inequalities**, although overall Shropshire is a healthy place to live the information above highlights how inequalities can impact on people's health, e.g. in premature mortality and reduced life expectancy. They are also likely to have an impact on other health issues, e.g. mental health problems. These inequalities could increase as a result of the changes in the economic situation, ageing population, increase in long term conditions and increase in lifestyle risk factors.
3. **Obesity**, this is the largest emerging lifestyle risk factor and is responsible for the increase in many long term conditions, e.g. CVD, diabetes, mental health problems. The list above highlights obesity and related behaviours (physical activity and healthy diet) as increasing health issues in Shropshire.
4. **Long term conditions**, many long term conditions are the result of lifestyle risk factors and changing demographics. Increases in the ageing population, increases in obesity and possible increases in health inequalities will all lead to an increase in long term condition prevalence. This can lead to pressure on current service provision.

The Vision for the JSNA in Shropshire

Historically the JSNA in Shropshire has been a long, technical document which included mainly quantitative data. Whilst this was a useful data resource it was not appropriate for a wide range of needs and audiences. Since the Peer Review of the JSNA in Shropshire it has been realised that this needs to change if the JSNA is to reliably inform decision making at various levels. The following points are future developments that will hopefully be incorporated into the JSNA process:

- Include a broader remit than the traditional health and social care information in previous JSNA's. Aligning information to the six themes from Marmot should allow this and also make it easier to spot inter-relationships between the different information types.
- To provide an information resource for all strategic plans and documents across all partners. This would enable a common information and evidence base to be used in planning and decision making, meaning individual plans and strategies could be more to the point by just giving reference to the JSNA.
- To be more interactive and user friendly for different audiences. This would enable information to be live and more up to date. It would also help engage stakeholders at different levels to engage more fully in the JSNA process.
- Enable input from different stakeholders. Stakeholders feeding in their information to the JSNA would allow them to be more fully engaged in the process. Therefore, the information flow would be a two-way process which could lead to more robust intelligence on the health needs of the local population.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)
Ann Hartley

Local Member
All

Appendices
Appendix A – JSNA Outline Structure

JSNA Layout – Version 1

Introduction – including a section on Marmot / life cycle approach					
Population and demography • Age / gender breakdown of the population • Ethnicity breakdown of the population • Population change and projections • Migration in and out of Shropshire • Urban and rural classification • Population density					
Socio-economic factors • Deprivation • Prevalence of vulnerable groups and their population characteristics • Census information, e.g. car ownership, housing tenure, etc					
Epidemiology / population level health • Life expectancy • All age all-cause mortality • Premature causes of death (main disease areas) • Births – GFR, Low birth weight, trends • Infant mortality • Key Performance Indicators Summary					
Give every child the bests start in life	**Enable all children young people to maximise their capacity and have control over their lives**	**Create fair employment for and good work for all**	**Ensure a healthy standard of living for all**	**Create and develop healthy and sustainable places and communities**	**Strengthen the role and impact of ill health prevention**
Behavioural determinants	*Behavioural determinants*	*Behavioural determinants*	*Behavioural determinants*	*Behavioural determinants*	*Behavioural determinants*

• Breastfeeding • Smoking in preg • Vulnerable children / mums • Diet and healthy eating in preg • Diet and healthy eating in U5's • Neonatal and U5's screening • Immunisation • Mental health in pregnancy and after birth *Service access and utilisation* • Maternity • Health Visiting • School nursing • Children's centres • Birth registration • Family support U5 • Childcare uptake in most deprived *Evidence of effectiveness / standards* • Healthy child	• Persistent absence, exclusion • Educational attainment • NEET • Distribution of free school meals • Education / training for vulnerable groups *Service access and utilisation* • Schools and colleges • Healthy schools programme • Services for vulnerable groups, e.g. SEN, LAC, inc res care • Youth service / connexions • Adult learning, inc basic skills • Library service • Volunteering • Foster carers	• Wage structure – low wage • Opportunities for work • Employment sectors • New business / work developments • Apprenticeships • Tourism • Market Towns • Benefits claimants, JSA, incapacity, DLA, etc • Migrant workers *Services access and utilisation* • Job centre + • Information, advice and guidance • Services to promote business • Tourist info • National back to work programmes • Local work	• Prevalence of disability, visual impairment, etc • Prevalence of disease, QOF, estimates, mental health, STI's, substance misuse, etc *Service access and utilisation* • Social care service data • HES data, inc accident admissions • Primary care provider data • Voluntary sector data • LAC health assessments • End of life care data • Bereavement services • CAHMS • Adult mental health data, inc in patients and community	• Housing tenure • Planning and development of areas • Instance of crime / hotspots • Crime against different population groups • Housing preference • Hate crime • LADO allegations • Police data • Fire data • Housing data • Probation data • Environmental health data • Trading standards data *Service access and utilisation* • Police, fire, ambulance, etc • Victim support • Emergency planning • Housing	• Smoking • Diet • Obesity • Physical activity • Sexual Health – conceptions and contraception • Substance / alcohol misuse – prevention • Screening • Flu vaccination • Oral health *Service utilisation and access* • Smoking services • Obesity services • Physical activity services • Active 4 Health • NHS health check • Screening services • Dental services • Voluntary sector providers • Shire services • Meals on wheels

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programme • Unicef Baby Friendly • WHO guidance • NICE • National standards • Children's center inspections • CQC / hospital inspections • Foundation stage profile dev at 5 yrs • Early years childcare sufficiency audit • Early years and childcare inspections *User perspectives* • PALS • Complaints • Compliments • Surveys • Service review outcome (homestart, young carers, etc)	*Evidence of effectiveness / standards* • Ofstead school inspection reports • School organisation scorecards • Narrowing the gap indicators • Fostering service inspection • SLAC inspection • Adoption service inspection • SCR's *User perspectives* • TellUs • Surveys / feedback • Complaints • CWD parents survey • Compliments • Exit interviews re CPP and LAC • QA system re CPP and LAC	initiatives *Evidence of effectiveness / standards* • Evaluations of back to work programmes • Links to employment strategies *User perspectives* • Feedback forms • Surveys • Complaints • Compliments	• Sexual health clinical services data • Substance / alcohol misuse services data • E-health re monitoring, e.g. diabetes • Adaptive services and adaptations *Evidence of effectiveness* • NICE • National standards on health care delivery • CQC / Social care inspections / standards *User perspectives* • Complaints • Compliments • Surveys • Feedback • Service review outcome • PALS	• Probation • Waste management • Sustainable schools and eco-schools • Sustainable environment, aonb, nature reserves • Play facilities • Culture, museums, theatre, etc *Evidence of effectiveness* • National planning guidance • National Housing guidance • Research on effective, housing, environmental, planning, policing policies *User perspectives* • Community safety survey	• Leisure services *Evidence of effectiveness / standards* • NICE • National standards • CQC inspection • Children's Centre inspection *User perspectives* • Surveys • Feedback • PALS • Complaints • Compliments

				- Crime survey - Housing surveys - Feedback - Complaints - Compliments - Cleanliness perceptions surveys - Satisfaction with area - TellUs	