



## LEADERS BOARD

Date

11  
January  
2012

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### JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

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#### 1.0 Summary

- 1.1 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.
- 1.2 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.
- 1.3 The development of a revised, much broader JSNA and evidence base provides opportunities to better align strategic planning across a range of partner organisations and associated services and interventions. In time the evidence base will become the single evidence base for Shropshire.

#### 2.0 Vision for the JSNA in Shropshire

- 2.1 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

the Marmot Review 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. Therefore the JSNA evidence base would incorporate and replace the Community Strategy evidence base.
- 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.

### **3.0 Components of the JSNA process**

#### **3.1 Health and Wellbeing Strategy:**

Gives the agreed strategic direction for services around health and wellbeing, identifies priority areas for commissioning and (especially in subsequent versions) contains an oversight of the impact of interventions to date.

#### **3.2 Health and Wellbeing Board (HWBB):**

Considers the JSNA and identifies the top priorities to address in order to maximise the local population's Health and Wellbeing. Agrees the strategic direction for commissioning services in order to do this (articulated in the Health and Wellbeing Strategy). Maintains oversight of the progress made towards achieving improved Health and Wellbeing outcomes through receiving and considering a quarterly balanced scorecard.

#### **3.3 Joint Strategic Needs Assessment (JSNA):**

From analysis of the evidence base, identifies a long list for the H&WBB of potential priority areas for the population's health and wellbeing with concise key supporting data; showing where further intervention is likely to be required to meet current and/or future needs.

#### **3.4 Evidence base:**

A collection of data, perceptions, statistics and population information that provides the detail of how well the health and wellbeing needs of Shropshire are being met now and how the needs are likely to change in the future. Information around the geographical and population-based distribution of needs and intelligence around the contributing factors of health and wellbeing are included. Information is drawn from as wide a spectrum of expertise and perspectives as possible.

### **4.0 Progress to date**

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- 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.

- 4.2 The steering and editorial group decided 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.
- 4.3 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.
- 4.4 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.
- 4.5 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.
- 4.6 A stakeholder event was held with over 120 delegates attending. This provided an opportunity to engage different sectors and build on existing networks between organisations in order to develop a Stakeholder Alliance that will support the Health and Wellbeing Board.
- 4.7 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.

## 5.0 Emerging findings from the JSNA

5.1 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 years nutrition including breastfeeding.** Breastfeeding figures in Shropshire are 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.

## 6.0 Likely priorities

6.1 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.

## 7.0 Next steps

7.1 Version 1 of the JSNA evidence base and emerging priorities will be made available as an internet based resource early in 2012. During the first half of 2012, further work with the Health and Wellbeing Board and the Stakeholder Alliance will confirm the main priorities for health and social care and these will be articulated in the Health and Wellbeing Strategy.