

## CABINET

18 OCTOBER 2011

<b>Title:</b> Joint Strategic Needs Assessment 2011	
<b>REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD</b>	
Open report	<b>For Decision</b>
<b>Wards Affected:</b> All	<b>Key Decision:</b> Yes
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<b>Accountable Divisional Director:</b> Matthew Cole, Joint Director of Public Health	
<b>Accountable Directors:</b> Anne Bristow, Corporate Director of Adult & Community Services and Helen Jenner, Corporate Director of Children's Services	
<b>Summary:</b> <p>This report presents the 2011 Joint Strategic Needs Assessment (JSNA) to Cabinet for their approval.</p> <p>The JSNA is a statutorily required document, which is to be produced jointly by the Primary Care Trust (NHS Outer North East London PCTs) and the Council. The JSNA provides a strategic assessment of the health and wellbeing needs of the area, and makes recommendations for commissioning strategies for services to meet those needs. It is refreshed annually to inform the local commissioning and business planning processes.</p> <p>The JSNA is a substantial document this year, providing a comprehensive 500-page account of health and social care strategic needs and service gaps. The report includes, as an appendix, the executive summary of the JSNA. Members may review the full document on a specially-constructed web page at: <a href="http://www.barkingdagenhampartnership.org.uk/jsna2011consultation">www.barkingdagenhampartnership.org.uk/jsna2011consultation</a></p> <p>For 2011, the JSNA has been structured around the main sections of the 'Marmot Review', led by Professor Sir Michael Marmot, which recommended action on the 'wider determinants' of health and recognised that health is affected by a wide range of societal factors, such as education, housing and family circumstances. By structuring the JSNA around these wider determinants, it is intended that the document captures activity and makes recommendations on the broadest range of issues that can impact on the health and wellbeing of the population of Barking &amp; Dagenham.</p> <p>The shadow Health and Wellbeing board at its meeting on 27<sup>th</sup> September 2011 passed a specific resolution of the Board to accept the analysis of the JSNA and recommend it to Cabinet. However all partners consider that given the breadth and scope of the recommendations and the current resource constraints that a prioritisation exercise would need to be undertaken. Following this, a phased implementation will be built into</p>	

commissioning and business plans for future years. Additionally it will inform the development of a revised Health and Wellbeing Strategy that will be presented to members in the early part of 2012 for approval. Therefore the Cabinet is being asked to approve the JSNA and to note the further work around the recommendations in respect of the commissioning and business plans in future years.

### **Recommendation(s)**

The Cabinet is recommended to:

- (i) Approve the Joint Strategic Needs Assessment on behalf of the Council on recommendation of the shadow Health and Wellbeing Board;
- (ii) Agree that the shadow Health and Wellbeing Board will undertake an exercise to prioritise which JSNA recommendations will be taken forward through the commissioning and business planning processes;
- (iii) Encourage all service areas of the Council to have regard to its findings and in the planning and review of services; and
- (iv) Request any changes, further work or additional briefings that arise out of their consideration of the JSNA 2011 documentation.

### **Reason(s)**

A comprehensive strategic assessment of the health and wellbeing needs of the borough is an essential basis for planning effective services. Our strategic understanding of need, the prevalence of disease and of the changing picture of broader wellbeing needs to be examined on an annual basis as we are in a period of significant change. The JSNA describes the strategic needs of the borough and makes relevant recommendations on how they may be addressed and developed throughout the year.

The JSNA is being put to Members for endorsement as one of our statutory documents just as the Council and NHS ONEL PCTs are beginning their service planning for 2012/13 and beyond. As such, it is intended to be a timely intervention to ensure that service planning is needs-led. Members' approval of the document and their request that service managers take its recommendations into account are essential in ensuring coherent service planning for the coming years.

## **1. Introduction and Background**

- 1.1 The Joint Strategic Needs Assessment (JSNA) has been produced for the past three years, since it became a statutory requirement placed upon the Council and NHS Barking & Dagenham through the 2007 Local Government & Public Involvement in Health Act.
- 1.2 This year's JSNA is a comprehensive look across a wide range of the determinants of health. It draws on the work of Professor Sir Michael Marmot, whose commission reviewed the impacts of social factors in health and wellbeing, resulting in the publication of *Fair Society, Healthy Lives*, which is a crucial document in the

formulation of the Government's strategy for public health, *Healthy Lives, Healthy People*.

## **Process and timetable for the JSNA**

- 1.3 The JSNA commenced in February 2011 and is due for completion in order to coincide with the initiation of the business planning processes for both the Council and NHS ONEL PCTs running through the autumn. In addition, work is about to begin on a new Health & Wellbeing Strategy which will also be informed by the JSNA's recommendations.
- 1.4 The shadow Health and Wellbeing board at its meeting on 27<sup>th</sup> September 2011 passed a specific resolution of the Board to accept the analysis of the JSNA and recommend it to Cabinet. However all partners consider that given the breadth and scope of the recommendations and the current resource constraints that a prioritisation exercise would need to be undertaken. Following this, a phased implementation will be built into commissioning and business plans for future years. Additionally it will inform the development of a revised Health and Wellbeing Strategy that will be presented to members in the early part of 2012 for approval.

## **2. Proposals and Issues**

### **Structure of the JSNA**

- 2.1 With the full document running to some 500 pages, it is essential that it is presented as an accessible reference to aid service planning and review. It is broken down into nine sections, as follows:
  - **Section 1:** Introduction, including information on population changes and demography and an overview of Barking & Dagenham's health profile;
  - **Section 2:** Give every child the best start in life, including health in pregnancy, screening, breastfeeding, immunisation and child development;
  - **Section 3:** Enable all children, young people to maximise their capabilities and have control over their lives, including school attainment and attendance, special education needs, those not in education, employment or training, and children's lifestyles;
  - **Section 4:** Create fair employment and good work for all, including long-term unemployment, disabilities or mental illness in employment, incapacity benefit and keeping people in work;
  - **Section 5:** Ensure a healthy standard of living for all, including poverty, housing and homelessness, fuel poverty, supported living, residential care, and access to green space and sports and play environments;
  - **Section 6:** Create and develop healthy and sustainable places and communities, including environmental pollution, noise, antisocial behaviour, domestic violence, crime, offending and community cohesion;
  - **Section 7:** Strengthen the role and impact of ill health prevention, including training, support and lifelong learning, the needs of carers, adult autism, active ageing, physical and sensory disability, communicable diseases and health protection, and emergency planning (including for the London 2012 Olympic & Paralympic Games), health legacy of the Games, obesity, smoking, alcohol, substance misuse, physical activity and health eating,

sexual health, diabetes, cancer, dementia, mental health and wellbeing, and end of life care;

- **Section 8:** Safeguarding, including both children and vulnerable adults and older people;
- **Section 9:** Practicalities, including details of how the JSNA was developing, including consultation, equality impact assessment and consultation.

All of these sections can be accessed and downloaded as complete pdf documents at [www.barkingdagenhampartnership.org.uk/jsna2011consultation](http://www.barkingdagenhampartnership.org.uk/jsna2011consultation).

- 2.2 The structure is based around the recommendations of the Marmot review into health inequalities, published in 2010. Professor Marmot's work was an important intervention in the debate on how health inequalities can be reduced, reinforcing the importance of a wider set of variables on health and wellbeing. He proposed action under six broad headings, referred to as policy objectives. These six headings are the titles of sections 2-7 of the 2011 Barking & Dagenham JSNA. Already this wide-ranging approach has provoked interest from other boroughs.
- 2.2 A shorter Executive Summary is included with this report as appendix 1, and is also available from the same web link.
- 2.3 To aid commissioners in responding to the recommendations of the JSNA, they have been distilled into a single document and it is included with this report in appendix 2.

### **Headlines from the JSNA**

- 2.4 With reference to the Council's policy framework, reproduced below is a selection of the assertions and recommendations made in the JSNA which Members may wish to note in particular:
- In terms of housing, more intelligence is needed on the health service needs of new households. These needs should be planned for in advance in terms of the physical infrastructure that will be required, so the likely, age, race and disability profile of new households should be predicted in advance. Health impact assessments of major development proposals should be undertaken.
  - In March 2011 there were 439 young people (16-18 years) not in employment, education or training (NEET) in the borough, which is 7% of the 16–18 year old young people in the borough. Substantial work has been done in Barking and Dagenham to improve employment and training opportunities for young people, including investment in public sector apprenticeships, and there has been a sustained downward trend in the NEET rate since 2008.
  - The increase in the number of school age children in Barking & Dagenham is dramatic. In January 2011 there were 34,682 pupils in all primary and secondary schools, a rise of 4.6 percentage points on last year. The school roll has increased by 13.3% in primary and 6.2% in secondary schools from 2007 to 2011, an overall increase of 10.4%.
  - Barking & Dagenham saw a 35.5% increase in births between 2004 and 2010, notably higher than the other Outer North East London boroughs.

- Barking & Dagenham was one of only two London boroughs significantly worse than England average for all indicators in a 2011 review of health inequalities measures.
- Barking & Dagenham is estimated to have the highest prevalence of adult obesity in London, 32% compared to the England average of 24.2%.
- Commissioners need to be prepared for a wide range of potential disruptions arising from the 2012 Olympic Games, ranging from lack of availability of temporary staff and regular staff experiencing travel problems to a serious untoward incident that requires implementation of major emergency plans.
- The Independent Domestic Violence Advocacy Service (IDVAS) asked their clients over a period of 7 weeks about their previous contact with health services. Out of the 70 domestic violence victims asked they found that: of a total of 125 visits made to their GPs, 18% (23) of the visits in the last 6 months were due to domestic violence; of the 84 visits to A&E, 25% (21) of the visits were due to domestic violence.
- In 2009 modelled smoking prevalence in Barking & Dagenham was the highest in London at 32%, and 8th highest in England. By 2010 it was estimated that local prevalence had declined to 29%.
- The mortality rate from chronic liver disease in women in Barking & Dagenham is significantly higher than anywhere else in Outer North East London or the London and England average.
- Barking & Dagenham is one of the worst two London boroughs in four of the six indicators of physical activity used by the Active People Survey.
- Mental ill health is associated with socio-economic deprivation, and Barking & Dagenham is the 21st most deprived borough in England. Considerable evidence is emerging of the impact of inequalities on mental health, but the relationship between these factors is not well understood.

Whilst only a small cross-section of the headlines emerging from the JSNA, they give a flavour of the key issues that the report is raising and on which commissioners should consider action.

## **Proposal**

- 2.6 Members of Cabinet are recommended to approve the JSNA for further distribution and use as a comprehensive account of the health and wellbeing needs of the borough at this point in time.
- 2.7 Members of Cabinet are recommended to request that officers from all Council departments give due regard to the JSNA in drawing up their business plans for 2012/13, and further request that corporate teams reviewing those plans have the JSNA recommendations as part of any appraisal process.

## **3. Options Appraisal**

- 3.1 The Council has no option but to sign off a JSNA. Any concerns, comments or suggested amendments will be gratefully received and responded to, but it is a statutory requirement to complete the JSNA. The JSNA has been recommended to Cabinet for approval by the shadow Health & Wellbeing Board.

## **4. Consultation**

- 4.1 The consultation process is outlined in Section 9 of the JSNA. The formal consultation period ended following the shadow Health & Wellbeing Board meeting on 27 September 2011.

## **5. Financial Implications**

Implications completed by: Ruth Hodson, Finance Group Manager

- 5.1 The Joint Strategic Needs Assessment (JSNA) is a statutory document. There could be a financial pressure if we need to commission more services to meet the local population demand. However, we would need to do this within the existing budget constraints.

## **6. Legal Implications**

Implications completed by: Fiona Taylor, Legal Group Manager)

- 6.1 The Joint Strategic Needs Assessment (JSNA) is a statutory document produced in accordance with the Local Government & Public Involvement in Health Act 2007. In accordance with the act Members are asked to approve the JSNA which will inform the business planning processes for services for the council and its health partners in 2012/13.

## **7. Other Implications**

### **7.1 Risk Management**

A sound understanding of need minimises the risks associated with commissioning decisions, and ensures that the services purchased are appropriate to the local population. The comprehensiveness of the document minimises the risk of omission, but equally increases the risk of all recommendations appearing to be of equal weight. To minimise this latter risk, the shadow Health & Wellbeing Board engaged in a prioritisation exercise around the recommendations and the resulting selection is that attached at appendix 2, providing a more focused set of recommendations on which to act.

### **7.2 Customer Impact**

The entire focus on the JSNA is on ensuring that services are delivered according to strategic need. It takes account of the population's breakdown by protected characteristics (gender, age, ethnicity, sexuality, disability, etc.) as well as providing a comprehensive account of varying health and wellbeing needs. Accordingly, the JSNA is a key source of intelligence for officers compiling future reports on health and wellbeing related issues.

### **7.3 Safeguarding Children and Vulnerable Adults**

The JSNA includes an assessment of the issues around safeguarding both children and vulnerable adults, particularly as that relates to health and social care services, making recommendations to commissioners.

#### **7.4 Health Issues**

The JSNA is the single most comprehensive reference point for data about the borough's health and wellbeing and its service needs. Therefore, its dissemination and use should improve the impact that the partnership can have on the borough's substantial health inequalities.

#### **7.5 Crime and Disorder Issues**

Again, as a very significant contributor to wellbeing, and from known correlations between prevalence of crime and health inequalities, the JSNA deals with crime and disorder issues. In two particular areas, alcohol & drugs and domestic violence, there is a substantial shared interest between the work programmes of the Community Safety Partnership and the shadow Health & Wellbeing Board, and this is reflected in the JSNA analysis.

#### **Background Papers Used in the Preparation of the Report:**

Full Joint Strategic Needs Assessment for Barking & Dagenham for 2011

[www.barkingdagenhampartnership.org.uk/jsna2011consultation](http://www.barkingdagenhampartnership.org.uk/jsna2011consultation)

Fair Society, Healthy Lives: the Marmot Review (Strategic Review of Health Inequalities in England post-2010 <http://www.marmotreview.org/>)

Local Government & Public Involvement in Health Act 2007

#### **List of appendices:**

Appendix 1 Executive Summary for the Joint Strategic Needs Assessment 2011

Appendix 2 Recommendations for commissioners from the Joint Strategic Needs Assessment 2011