

NHS Portsmouth and Portsmouth City Council

Joint Strategic Needs Assessment, 2010 – Update on developments for the Health Overview and Scrutiny Panel

1 Introduction

1.1 The Local Government and Public Involvement in Health Act (2007) placed a statutory duty on local authorities and primary care trusts to produce a Joint Strategic Needs Assessment (JSNA). The statutory duty lies with:

- The Director of Public Health
- The Director of Adult Social Care
- The Director of Children’s Services.

1.2 The JSNA continues to be a vital local resource. The NHS White Paper (July 2010) proposed that, as part of local authorities’ new function of “joining up the commissioning of local NHS services, social care and health improvement” (para 4.19), local authorities will lead JSNAs.

1.3 The JSNA is the key instrument for understanding population need and identifying priorities. It should be instrumental in putting people at the centre of commissioning. It looks beyond traditional public health data to value health intelligence gained directly from local people and by developing better methods of public health communication. The JSNA is one of a suite of joint assessments including the Children’s Strategic Assessment and the Crime and Disorder Strategic Assessment. The aim is to develop links between a wide range of issues facing the city, co-ordinate needs assessments and associated actions.

1.4 Guidance from the Department of Health stated that the JSNA should describe the ‘big picture’ of the health, well-being and inequality needs of the local population, providing a primary point of reference for all local strategic planning and commissioning for health. It should therefore describe both current and future needs (insofar as this is possible) and take account of evidence of effectiveness.

1.5 The guidance also emphasises the importance of partnership working, including community engagement, in preparing the JSNA.

2 Recent developments in Portsmouth’s JSNA

2.1 The JSNA (2009) core data collection was formally launched in February 2010. Since then we have:

- Broadened the understanding of the JSNA in line with guidance to include all areas of Local Strategic Partnership work
- Established clear governance and accountability arrangements for the JSNA

- Broadened membership of the JSNA Strategy Group to include more representation from community groups, and from key departments in the City Council and health
- Appointed a Head of Public Health Intelligence whose role includes leading and developing the JSNA. The role of the Associate Director in Public Health is to strategically lead this process on behalf of the Responsible Directors
- Examined recent needs assessments, health equity audits, policies and strategies for the Local Strategic Partnership and its Boards, NHS Portsmouth and Portsmouth City Council to understand existing and planned priorities for developments
- Set up a process whereby commissioners and others (including community groups) can request that needs assessments be carried out
- Looked at the JSNA findings and prioritised areas that required more in-depth needs assessments to be carried out
- Brought analysts across the city together on a more regular basis to refresh the data in the JSNA core data collection
- Extended our local examination of the indicators in the national core data collection to include indicators which impact on wider determinants of health in the City eg crime, education
- Increased the depth of information in the core data collection by providing more information about Portsmouth's performance against comparable primary care trusts or local authorities, and by providing more information at electoral ward level
- Supported commissioners and other decision-makers by producing information sheets which summarise findings and priorities from the core data collection
- Saved money by not re-printing the JSNA core data collection
- Made the JSNA more interactive and easily updateable by creating a new online resource (www.jsna.portsmouth.gov.uk) – on a website hosted by Portsmouth City Council. The audience for the website is everyone who commissions, provides or uses health, social and children's services in the city. The web pages contain:
 - Summary findings report
 - Briefing notes on topic areas for commissioners
 - Data tables
 - Graphs
 - Maps
 - Links to strategies, needs assessments
 - Links to other useful local resources.

3 What does the JSNA tell us?

- 3.1** The JSNA continues to describe a city with many challenges in the health and wellbeing of its population. Three main themes are outlined below:

3.1.1 Inequalities

- a) We know that there are differences between the most and least deprived electoral wards – for example, there is a 7.7 year gap in life expectancy for males living in the least deprived ward quintile compared to the most deprived ward quintile. The gap for females is 4.4 years. The most deprived areas (Charles Dickens, Paulsgrove and Nelson wards) frequently have the poorest outcomes for example, highest rates of registration with a physical disability or of premature mortality from lung cancer. However, Fratton and Cosham also experience poor morbidity and mortality. The most deprived wards report higher levels of limiting long term conditions and registration for physical disabilities but lower levels of hip and knee replacements. Higher levels of access to (the mainly elective) hip and knee replacements are experienced by the less deprived wards. Excess winter deaths are highest in the less deprived wards.
- b) The Safer Portsmouth Partnership identified the Charles Dickens area as the worst area (or at least in the top two) for a range of crime types, including alcohol-related violent crime and shop theft, all types of anti-social behaviour as well as fear of crime. The area is also intrinsically linked to the long-term underlying priorities of the Partnership as it is identified as disproportionately being the residence of families experiencing a range of risk factors, young offenders, first time entrants to the youth justice system, young people with substance misuse issues and adult offenders supervised in the community. Charles Dickens is also identified as the main area for drug dealing and cocaine use.
- c) We need to understand more about how to identify and tackle inequalities as they affect different areas of the city, children and adults as well as their differential impact upon specific groups such as black and minority ethnic communities (who are overly represented in the more deprived areas).

3.1.2 Healthy lifestyles

The burden of ill health and premature mortality in Portsmouth is clearly influenced by a common set of lifestyle factors including high levels of smoking, obesity, excess alcohol consumption and lack of physical exercise. We know that these lifestyle choices have implications for the individual but there are also adverse implications for society – for example, compared to the region or national levels, Portsmouth has significantly higher levels of alcohol-related violent crime and sexual crime. We need to understand more about people living these lifestyles and how to motivate them to achieve better health. Again, we need to understand how different communities experience healthy lifestyles and the burden of health – for example certain minority ethnic groups are at increased risk of specific diseases.

3.1.3 An ageing population

Whilst the overall population of Portsmouth is increasing, there will be an increasing ratio of older to younger people. This will have implications for a wide range of voluntary and statutory services which enable older people to maintain good health and independence, as well as services for conditions often associated with ageing such as dementia. There will also be implications for improving the health status of the current cohort of late middle-aged people who may be over-represented in the groups with unhealthy lifestyles, and with unrecorded health conditions such as hypertension, diabetes, depression or anxiety.

4 Action

4.1 Needs assessments and strategies

4.1.1 Analysts across the city are responsible for updating the JSNA core data collection. They also provide data and analysis to support the commissioning managers who lead on producing needs assessments and strategies.

4.1.2 The Safer Portsmouth Partnership has recently produced its Plan for 2010-2013 which was informed by assessments of crime, anti-social behaviour and substance misuse.

4.1.3 The following needs assessments are currently underway:

- Children's needs assessment – which incorporates needs assessments for child and adolescent mental health and for children with disabilities (nearing completion)
- Adults with autistic spectrum conditions (by March 2011)
- Dementia (by April 2011)
- Population profile of Fratton (in support of developments funded by the Big Lottery Fund – timescale to be determined by Fratton steering group).

4.1.4 The following needs assessments have been requested and are due to be considered by the JSNA Strategy Group and JSNA Responsible Directors:

- Ex-service veterans
- Levels of aspiration (linked to Regeneration and Children's Anti-Poverty Strategy).

4.1.5 Needs assessments inform the development of the following strategies which are being developed:

- Children's Trust Plan, 2011-2014
- Ageing Population Strategy

- Carers Strategy
- Adults with Autistic Spectrum Conditions Strategy
- Dementia Strategy
- Child Anti-Poverty Strategy.

4.2 Consultation

4.2.1 The JSNA findings report is available on the website and a printed version has been widely distributed. A consultation event for the voluntary sector is planned for early December. A paper about the development of the JSNA, the findings report and associated consultation have been considered by this Panel, the Local Area Agreement Delivery Board, the Health and Wellbeing Partnership Board and NHS Portsmouth's Board over the last few weeks.

4.2.2 The consultation questions are:

- What do you think are the main issues facing people in Portsmouth?
- What do you think are the causes of the issues you've identified?
- Do you agree that the JSNA core data collection identifies the main challenges facing people in Portsmouth for children, young people, adults of working age, older people?
- If no, what issues do you believe ought to be included, and why?
- Do you have any information or data which could help our investigations of needs in Portsmouth?
- After assessing needs, commissioners make decisions about how and where to spend public money on improving the well-being of people in Portsmouth:
 - Is there anything taking place which, in your view, is not effective? What should we stop doing?
 - What ought to happen to improve well-being in Portsmouth? What should we do?
- What assets do we have in Portsmouth to tackle the issues you've identified?

4.2.3 Groups, and individuals, may respond via Freepost or email until 17 December 2010. Responses will be collated, analysed and presented to the JSNA Strategy Group and JSNA Responsible Directors for further action.

5 Summary and Recommendations

5.1 Since January 2010, developments in the JSNA have taken place to strengthen governance and processes to identify areas requiring a needs assessment, and take action. The data and information in the JSNA (2009) core data collection was updated, extended and placed on a new website. The JSNA website will enable commissioners to access up-to-date information about needs and associated strategies.

Key themes identified after updating the information in the core data collection were inequalities, healthy lifestyles and the needs of an ageing population. We are currently consulting on the report of findings arising out of the updated core data collection.

5.2 The Panel is asked to note:

- Recent developments in the JSNA
- Key themes emerging from updating the information in the JSNA core data collection
- The current consultation processes and timetable.

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