

**Public Health Portsmouth  
Strategy Unit, Portsmouth City Council**

Report to: Health Overview and Scrutiny Panel  
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**Portsmouth's Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy**

## **1 Introduction**

1.1 HOSP has asked for an update on the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS). We have combined these topics as the JSNA directly informs the JHWS, and both are overseen by the Health and Wellbeing Board (HWB). HWBs were introduced as part of the Health and Social Care Act 2012 and will operate in all top tier local authorities from April 2013. Portsmouth's HWB has been operating in 'shadow' form during 2012/13.

1.2 The Government's vision is for Health and Wellbeing Boards to drive a genuinely collaborative approach to commissioning. Clinical Commissioning Groups (CCGs) and councils' commissioning plans will be firmly underpinned by a shared understanding of the needs of the community, through JSNA, and by a shared strategy which will best address those needs within the collective resources available through the JHWS.

## **2 JSNA**

### **2.1 Introduction**

2.1.1 Higher tier local authorities and clinical commissioning groups each have a statutory duty to produce a JSNA.<sup>1</sup> The JSNA is an analysis of local current and future needs for adults and children, assembling a wide range of quantitative and qualitative data, including user views. The target audience has always been commissioners or decision makers – but, from April 2013, there will be a new legal obligation on NHS and local authority commissioners to have regard to the JSNA in exercising relevant commissioning functions. The JSNA is one of a suite of local major assessments (others include the Children's Strategic Assessment, the Strategic Assessment for the Safer Portsmouth Partnership and the Local Economic Assessment). We need to ensure that issues in common, and gaps, are identified and addressed.

2.1.2 The Health and Wellbeing Board (HWB) is responsible for ensuring that the local authority and the CCG produce a JSNA. Four members of the Board (the Director of Public Health, Director of Adult Social Care, Director of Children's Services and CCG Board Member) meet as 'JSNA Responsible Directors' to ensure that the JSNA is delivered and developed. A JSNA Steering Group reports to the Responsible Directors. The Steering Group comprises Portsmouth Hospitals NHS Trust, Solent NHS Trust, Portsmouth University, voluntary sector, JobCentre Plus, Hampshire Fire and Rescue, Hampshire Constabulary, the Royal Navy as well as relevant services from Portsmouth City Council. The Steering Group is supported by a multi-agency analysts group. The HWB requires that issues in the JSNA are regularly monitored and emerging issues reported to it.

2.1.2 Briefly, the JSNA function comprises:

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<sup>1</sup> Health and Social Care Act 2012

- Having an agreed strategic overview of health and social wellbeing needs in the city – ensuring that issues of equity are addressed. Areas covered include:
  - Demographic factors such as changes in the population’s age structure, ethnicity
  - Socio-environmental issues impacting upon health and social wellbeing such as housing, crime, deprivation, education, the local economy and employment
  - Lifestyle factors such as alcohol consumption, smoking, eating healthily
  - Prevalence of specific diseases and conditions such as dementia, stroke, coronary heart disease, long term conditions
  - Use of services

The JSNA examines the complex relationships between these issues

- A process for investigating, reporting and prioritising needs so that commissioners can make informed decisions about commissioning services
- Ensuring that views of the public and voluntary and community sector are taken into account in the strategic overview and individual needs assessments
- Providing up-to-date intelligence on the above.

### 2.1.3 JSNA products are:

- Annual strategic summaries of health and well-being needs:  
<http://www.portsmouth.gov.uk/living/19369.html>
- Needs assessments about specific topics including results of associated consultations (for example the veterans needs assessment is here:  
<http://www.portsmouth.gov.uk/living/19094.html> (scroll down to Veterans section))
- Intelligence delivered through a website containing up-to-date information and data about needs, strategies and action plans ([www.jsna.portsmouth.gov.uk](http://www.jsna.portsmouth.gov.uk)).

## 2.2 Issues identified in 2012

### 2.2.1 Nationally identified issues

In the last year, the government has published a range of Outcome Frameworks (Public Health, NHS, Adult Social Care and Clinical Commissioning Group). Each Framework comprises outcomes spread over ‘domains’. There are about 200 outcomes across these four Frameworks. Some indicators are shared or common to several Frameworks (eg premature mortality rates from certain diseases are shared by Public Health, NHS and CCG Frameworks).

The Appendix illustrates Portsmouth’s comparative position (compared to England) on the outcomes that relate to the JHWS priorities.

### 2.2.2 Local research

Commissioning managers and analysts across agencies are engaged in a wide variety of research to try and understand the reasons behind comparatively poor health and wellbeing in Portsmouth. Recent activities, which usually include obtaining stakeholder views, include:

- Needs assessment of health and wellbeing in HMP Kingston
- Needs assessment of adults with autism spectrum conditions
- Needs assessment of children with autism spectrum conditions
- Needs assessment of health and wellbeing of armed forces veterans
- Needs assessment of sexual health and HIV
- Survey of young peoples’ misuse of substances
- Safer Portsmouth Partnership strategic assessment

- Local Economic Assessment
- Follow-up work relating to ‘Aspirations, Expectations and Achievement’ report 2011
- Local Strategic Partnership conference: ‘Our health, our city, together’.

Current, and planned, research activities include:

- Profile of adults with a learning disability
- Alcohol needs assessment
- Health and wellbeing of City Council housing tenants (as required by the JHWS)
- Needs assessment of children with speech, language and communication difficulties.

In addition, Scrutiny Panels are undertaking a wide-ranging programme of investigations (for example, air quality, domestic noise, youth unemployment) which will add to the body of evidence about need and solutions.

## **2.3 Consultation**

2.3.1 The HWB requires that an annual summary of the JSNA is produced at the end of September each year. This year’s summary was in an easy-to-read format and is available on the JSNA website: <http://www.portsmouth.gov.uk/living/19369.html>

2.3.2 Between October and December, we carried out a consultation exercise which included a workshop at December’s H&WB (a meeting in public). HOSP members were informed by email about the summary, the consultation and the open meeting of the H&WB.

The questions asked were:

- What do you think are the main health and wellbeing issues facing people in Portsmouth?
- What are the ‘causes of the causes’ of the issues you’ve identified?
- What should we do to improve wellbeing in Portsmouth?
- And what should we stop doing?
- What assets do we have in Portsmouth to tackle the issues you’ve identified?

Responses are currently being considered by the JSNA Steering Group and JSNA Responsible Directors.

## **3 Joint Health and Wellbeing Strategy (JHWS)**

### **3.1 Introduction**

3.1.1 HWBs have a statutory duty to produce a JHWS from April 2013<sup>2</sup> and it is the duty of the CCGs, the NHS Commissioning Board and the local authority to have regard to the relevant JSNA and joint health and wellbeing strategy when carrying out their respective functions, including their commissioning functions. The strategy should be based on the evidence in the JSNA and the resources and community assets available to meet those needs. The "JHWS should outline the shared priorities for action, and reflect the issues that matter most to communities and where the greatest impact can be made to improve health and wellbeing outcomes."<sup>3</sup>

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<sup>2</sup> Health and Social Care Act 2012

<sup>3</sup> Operating Principles for JSNAs and JHWS, 2012

3.1.2 Portsmouth's 'Shadow' HWB developed a draft strategy during the first half of 2012, using the JSNA to provide the evidence and seeking to build on the council and CCG's existing priorities for health and social care. The HWB looked in depth at a number of the key issues of mutual importance that the board identified before deciding which merited inclusion in the strategy and which were felt to be adequately covered in existing plans and strategies. Partners were clear throughout the development of the strategy that they wanted it to be a 'living document' which continues to evolve over time. The priorities included in the draft were key issues of mutual importance to partners on the board where, as commissioning organisations, it was felt improvements could be delivered.

## **3.2 Consultation**

3.2.1 The consultation comprised a number of elements. One of these was a short survey in which people were asked the following questions:

- Do you support our vision for health and wellbeing in Portsmouth?
- What other issues should we look at in the future?
- Are we tackling our priority issues in the right way?
- What could you do to help achieve our vision and priorities?

3.2.2 These same questions were also used to frame the wide range of other consultation and engagement activities. There were also opportunities for specific comments from key stakeholders including other council services and multi-agency partnerships. Finally, there was a process of engaging with groups to explain how the board will operate, the plans for an iterative strategy that evolves over time, and to get general views on what has been produced so far. The draft strategy was revised in light of the consultation responses and the final version approved by the HWB and by Full Council in December 2012.

## **3.3 Priorities for 2012-2014**

3.3.1 The Executive Summary of the JHWS is set out at Appendix B. The full strategy is available at <http://www.portsmouth.gov.uk/yourcouncil/24885.html> . These priorities will be a major focus for the board during the next year, with regular reports on progress. In brief, the priorities are:

- 1 Enhance quality of life for people with dementia
- 2 Support people to maintain their independence and dignity
- 3 Ensure all children get the best possible start in life by concentrating on the pre-birth to 5 years old age group
- 4 Improve outcomes for local people's health and wellbeing by driving up the quality, and ensuring the safety, of all services.

3.3.2 Other issues identified through the consultation, or where the JSNA Responsible Directors have suggested further work is required, will be considered by the board on an ongoing basis and added to the strategy if required.

## **Process for updating the strategy**

3.4.1 The HWB has agreed, via the JSNA Responsible Directors, a process for annually reviewing and updating the strategy. This involves an annual cycle of reviewing the key issues identified in the JSNA, including progress against key national outcomes frameworks, and considering whether these suggest issues that need further consideration by the HWB. The HWB will then oversee 'deep-dives' into these issues and decide whether to include them within the JHWS or whether a different strategic response is required. The annually refreshed version of the strategy will then be approved by the HWB in the spring and inform commissioning decisions taken by the partners throughout the year.

**Joint Health and Wellbeing Strategy  
Portsmouth's initial position on outcomes relating to priorities**

**Priority 1: Enhance quality of life for people with dementia**

No data yet available for Framework outcomes relating to dementia.

**Priority 2: Support people to maintain their independence and dignity**

(Assume that outcomes across all Frameworks relating to independence and dignity for mental health and learning disabilities are being reported to the Integrated Commissioning Board)

<b>Significantly better than England</b>	<b>Significantly worse than England</b>
Statutory homelessness – households in temporary accommodation Flu vaccination (65+ yrs) Flu vaccination (at risk individuals) Unplanned hospital admissions for chronic ambulatory care sensitive conditions Emergency admissions for acute conditions that should not usually require hospital admission	Statutory homelessness – homelessness acceptances Preventable sight loss age-related macular degeneration Preventable sight loss – sight loss certification Injuries due to falls (over 65s) Emergency readmissions within 30 days of discharge from hospital
<b>Better (significance not tested)</b>	<b>Worse (significance not tested)</b>
Adults with a learning disability in paid employment Patient reported outcome measures for hip replacements and knee replacements Delayed transfers of care from hospital Delayed transfers of care from hospital and those attributable to ASC	Adults with a learning disability in stable and appropriate accommodation Adults in contact with secondary mental health services living independently Adults in contact with secondary mental health services in paid employment Proportion of people using ASC who receive self-directed support Proportion of people using ASC who receive direct payments Permanent admissions of young adults (18-64 yrs) to residential and nursing homes Patient-reported outcome measures for groin hernia elective procedure

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Areas where Portsmouth is **not significantly different** to England

Preventable sight loss – glaucoma  
 Preventable sight loss – diabetic eye disease  
 Social care-related quality of life  
 Health-related quality of life for people with a long term condition  
 Improved health-related quality of life for people with a long term condition  
 Proportion of people feeling supported to manage their long term condition  
 Proportion of people who use ASC services who have control over their daily life  
 Permanent admissions of older people to residential and nursing homes  
 Proportion of older people still at home 91 days after discharge from hospital into re-  
 ablement/rehabilitation services  
 Hip fractures in people aged 65+ years  
 Excess mortality in adults with serious mental illness  
 Suicide rate

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**Priority 3: Ensure all children get the best possible start in life by concentrating on pre-birth to 5 years age group**

NB The data released to inform outcomes in this section is already known to the Children’s Trust and Shadow Health and Wellbeing Board through other sources.

<b>Significantly better than England</b>	<b>Significantly worse than England</b>
Low birth weight babies Vaccination coverage: <ul style="list-style-type: none"> <li>• Diphtheria, whooping cough, tetanus, Haemophilus influenza type b and polio (Dtap/IPV/Hib) (2 yr olds)</li> <li>• Haemophilus influenza type b/Meningitis C (Hib/MenC) booster</li> <li>• Measles, Mumps, Rubella (MMR) for one dose (5 yr olds)</li> <li>• Pneumococcal polysaccharide vaccine (PPV)</li> </ul>	Children in poverty Under 18 conceptions Smoking status at time of delivery Pupil absence 16-18 year olds not in education, employment or training(**) Chlamydia diagnoses (15 to 24 yr olds)
<b>Better (significance not tested)</b>	<b>Worse (significance not tested)</b>
Reducing deaths in babies and young children – neonatal mortality and stillbirths Admission of full-term babies to neonatal care	Emotional wellbeing of looked after children

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Areas where Portsmouth is **not significantly different** to England

Infant mortality  
 Breastfeeding initiation and breastfeeding at 6-8 weeks  
 Excess weight in 4-5 and 10-11 year olds  
 Emergency admissions for children with lower respiratory tract infection  
 Unplanned admission for asthma, diabetes and epilepsy in under 19s  
 First time entrants to the youth justice system(\*)

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- Vaccination coverage:
- DtaP/IPV/Hib (1 yr olds)
    - Men C
  - Pneumococcal disease (PCV)
    - PCV booster
  - MMR for one dose (2 yr olds)
  - MMR for two doses (5 yr olds)
- Human Papilloma Virus (HPV) (females 12-17 yrs)
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(\*) Within remit of Safer Portsmouth Partnership

(\*\*) Youth skills and unemployment subject of scrutiny by Education, Children and Young People and by Economic Development, Culture and Leisure Scrutiny Panels

**Priority 4: Improve outcomes for local people’s health and wellbeing by driving up the quality and ensuring the safety of all services**

Significantly better than England	Significantly worse than England
None	None
Better (significance not tested)	Worse (significance not tested)
Patient experience of outpatient services	Patient experience of hospital care Responsiveness to inpatients’ personal needs Patient experience of A&E services

Areas where Portsmouth is **not significantly different** to England

Overall satisfaction of people who use ASC services with their care and support

Proportion of people who use ASC services who say those services have made them feel safe and secure

Proportion of people who use ASC services who feel safe

Proportion of people who use ASC services and carers who find it easy to find information about support

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**Outcomes which do not fit within Joint Health and Wellbeing Strategy priorities**

The outcome frameworks reflect a broad view of wellbeing and some outcomes are outwith the JHWS:

Significantly better than England	Significantly worse than England
Population affected by noise(**) Successful completion of drug treatment(*) Recorded diabetes Access to diabetic eye screening NHS HealthChecks offered	People killed or seriously injured on roads(*) Violent crime - offences(*) Re-offending levels and re-offences per offender(*) Smoking prevalence – adults Cervical cancer screening coverage Breast cancer screening coverage Take-up of NHS HealthChecks Self-reported wellbeing – people with a low worth-while score

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Better (significance not tested)	Worse (significance not tested)
None	None
<p style="text-align: center;">Areas where Portsmouth is <b>not significantly different</b> to England</p> <p style="text-align: center;">Utilisation of outdoor space for exercise/health reasons</p> <p style="text-align: center;">Violent crime – hospital admissions(*)</p> <p style="text-align: center;">TB treatment completion</p> <p style="text-align: center;">Late stage presentation for HIV</p> <p style="text-align: center;">Self-reported wellbeing: people with low satisfaction, low happiness and high anxiety scores</p>	

(\*) Within remit of Safer Portsmouth Partnership

(\*\*) Domestic noise nuisance is a topic which the Traffic, Environment and Community Safety Panel is planning to review. Domestic noise as one aspect of antisocial behaviour is also within the remit of the Safer Portsmouth Partnership

**Executive Summary, Joint Health and Wellbeing Strategy, 2012-2014**

- [Executive Summary, JHWS p.2](#)

Our vision is for everyone in Portsmouth to be supported to live healthy and independent lives, with care and support that is integrated around the needs of the individual at the right time and in the right setting.

We will lead the commissioning of joined-up care that improves the health and wellbeing of the whole population, intervening earlier, promoting independence and reducing inequality. We will build on the well known, well established services that people know and use, while always seeking to use resources in the most efficient way.

We will do things because they matter to local people, we know that they work and we know that they will make a measurable difference to their lives.

Our objectives will be to:

**1: Enhance quality of life for people with dementia**

Our priority in the short-to-medium term will be to improve the quality of dementia services and the care that those with dementia receive.

**2: Support people to maintain their independence and dignity**

Our priority in the short-to-medium term is to strengthen community-based provision to support independence and avoid unnecessary admissions to hospital.

**3: Ensure all children get the best possible start in life by concentrating on the pre-birth to 5 years old age group**

Our priority in the short-to-medium term is to deliver an integrated pathway pre-birth to 5 that is easily understood and accessed by parents and carers as well as professionals

**4: Improve outcomes for local people's health and wellbeing by driving up the quality, and ensuring the safety, of all services**

Our priority in the short-to-medium term is to ensure that the commissioners represented on the board are checking that all providers of care have effective safeguarding procedures in place.