

AGENDA ITEM

REPORT TO CABINET

17th MAY 2012

**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION

**Adult Services & Health – Lead Cabinet Member – Councillor Jim Beall
Children and Young People – Lead Cabinet Member – Councillor Ann McCoy**

JOINT STRATEGIC NEEDS ASSESSMENT AND CHILDREN'S TRUST BOARD CHANGES

1. Summary

The fourth Joint Strategic Needs Assessment (JSNA) has been completed for 2012. Building on the work that has been undertaken previously and best practice, a revised web based format for the JSNA has been developed. The format has 37 topic sections which outlines the health, care and wellbeing needs of Stockton covering People, Vulnerable Groups, Wider Determinants, Behaviour and Lifestyle, and Illness and Death. The JSNA will inform the key needs and priorities for the developing Joint Health and Wellbeing Strategy.

In line with the Public Health reforms and the new responsibilities for Local Government for improving health, work is progressing on the development of the Health and Wellbeing Board. As part of this process, the role of the Children's Trust Board has been reviewed and revised arrangements have been proposed that mean that the Children's Trust Board will not continue and issues relating to children and young people will be considered via the Health and Wellbeing arrangements.

2. Recommendation

Cabinet are recommended to:

1. Note the process of engagement and consultation as part of the JSNA development.
2. Note the emerging themes that will be part of the future development of the Joint Health and Wellbeing Strategy.
3. Agree the work that has been undertaken around the Health and Wellbeing arrangements which will enable this function to effectively lead the joined-up approach to the planning and delivery of services for children and young people, leading to the discontinuation of the Children's Trust Board from July 2012.
4. Note the revised arrangements to involve children and young people as part of the proposed changes.

3. Reasons for the recommendations / decision(s)

To note the role of the JSNA in providing an assessment of the future planning needs for health, care and well being and the impact this has on the way Stockton develops over time.

To ensure that Health and Wellbeing structures are fit for the future requirements across life stages.

4. Members' interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council's code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held:

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;
- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.

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Summary

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Recommendations

Cabinet are recommended to:

1. Note the process of engagement and consultation as part of the JSNA development.
2. Note the emerging themes that will be part of the future development of the Joint Health and Wellbeing Strategy.
3. Note the work that has been undertaken around the Health and Wellbeing arrangements which will enable this function to effectively lead the joined-up approach to the planning and delivery of services for children and young people, leading to the discontinuation of the Children's Trust Board from August 2012.
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Detail

1. Joint Strategic Needs Assessment (JSNA) is a process that Primary Care Trusts (PCTs) and Local Authorities have a duty to work on together to describe the health, wellbeing and care needs of the populations they serve. It should be used to develop the right services in the right way to meet those needs. This process is part of a 'duty to cooperate' that the government set out in the Local Government and Public Involvement in Health Act (2007).
2. Undertaking needs assessments has long been integral to the strategic planning and commissioning of services in the Council, the PCT, and other partners we work with. Analysis of many sources of information underpins the whole range of plans and strategies that inform the work of the Local Strategic Partnership. What makes JSNA different is that it:
 - a) is a statutory requirement.

- b) must be done jointly between the local authority and PCT.
 - c) takes a long-term strategic-level view, looking up to 10 years ahead.
 - d) brings together, for the first time in one source, the range of information across partners that informs the health and wellbeing needs of our communities.
3. The importance of the JSNA has been highlighted as a core document in influencing the Joint Health and Wellbeing Strategy (JHWS) and helping Health and Wellbeing Boards to be accountable for the key issues affecting their local population.

“JSNAs will be the means by which local leaders work together to understand and agree the needs of all local people, with the joint health and wellbeing strategy setting the priorities for collective action”. Joint Strategic Needs Assessment and joint health and wellbeing strategies explained DH December 2011.

LOCAL PROCESSES

4. In order to ensure wider engagement and ownership of the JSNA and build on the previous experience of the local JSNA process a stakeholder event was held in Autumn 2011 which outlined the role of the JSNA and its increasing importance for stakeholders around influencing future commissioning and planning priorities. As part of this event a number of stakeholders were requested to help in the development of various sections and bring to the needs assessment their local intelligence, interest and community views.
5. The format of the JSNA was revised to build on best practice nationally and a web based JSNA repository has been developed. This will enable ease of access for all; including the public, patients and professionals. One of the benefits of a web structure is the ability to enable links between topics to be more easily navigated than a paper based document. It is also anticipated that the web based format will be easier to update as new data and intelligence is received.
6. The JSNA structure is based around 5 themes:
- People,
 - Vulnerable Groups,
 - Wider Determinants,
 - Behaviour and Lifestyle, and
 - Illness and Death.

There are 37 Topic Sections which are aligned to each of these themes. Each section is presented in a similar format:

- 1. What are the Key Findings?
 - 2. What are the recommendations for commissioning?
 - 3. Who is at risk and why?
 - 4. What is the level of need?
 - 5. What services are currently provided?
 - 6. What is the projected level of need / service use?
 - 7. What needs might be unmet?
 - 8. What evidence is there for effective intervention?
 - 9. What do people say?
 - 10. What additional needs assessment is required?
7. As part of the development of the JSNA a Topic Lead was identified (across the Local Authority and PCT) and coordinated the data / consultation and engagement. The precise process for each section varied depending on the level of information and needs assessment

in place. For example, there is extensive consultation around Illicit Drug Use as part of the National Treatment Agency annual plans and needs assessment and the JSNA section builds on this process. In contrast, the detail for Migrants was not as comprehensive and as such further engagement with stakeholders was sought to ensure there was as much local detail as possible to inform this section. Each of the Topic Leads have shared various iterations of their sections with a range of stakeholders and requested feedback, this may have been via email, items on regular meetings or additional meetings.

8. In order to gain a wider understanding of health and wellbeing perspectives the Viewpoint Survey was focused on issues and priorities arising from the JSNA. The format was adapted to also target issues for children and young people. There was a good response rate and this additional intelligence has been factored into the JSNA topics around “what do people say?”
9. In parallel, a number of topics were reviewed on a Tees-wide basis to enable consistent approaches to specific issues. Local data and intelligence was added to localise the detail for example sexual health and ex-forces personnel.
10. All of the Topic Leads have met regularly to enable discussion on key elements of the process and to “trouble shoot”. As the benefits of the web based approach are embedded it is anticipated that there will be further opportunities to enhance the connectivity between topics sections.

EMERGING THEMES

11. The compilation and refinement of the JSNA to its new format is nearing completion. There is a significant amount of data and intelligence that has been collated from the JSNA process. There are some emerging themes and issues which have been collated and presented to the Health and Wellbeing Board and Partnership to raise awareness of the key points. These are summarised below:

12. Vulnerable Groups

- Awareness raising of issues that affect specific groups - “mutual understanding”
- Stigma/ cultural issues affect some groups and impact on access/ outcomes
- Connecting services/ signposting/ co-ordination of care and support is important
- Some data collection is problematic – and impacts on how service developments might meet needs e.g. veterans health
- Mental Health issues feature significantly for many of these vulnerable groups
- That there may be vulnerable groups within vulnerable groups (e.g. Learning Disability within Offender, Drug and Alcohol and Domestic Violence)
- Housing and accommodation needs can be challenging
- Some vulnerable groups may have costs/ consequences in other parts of the system e.g. domestic violence and accident and emergency attendance, role of carers and impact if care breaks down
- There is a need to improve the quality of care for some groups – which needs to be systematic/ appropriate – e.g. end of life

13. Wider Determinants

- Some priority groups emerging which need targeted support – for example:
 - 16- 24 and over 50s re benefits dependency/ unemployment
 - Support for specific groups e.g. Learning Disability/ Not in Education, Employment or Training
- Education and Enterprise – maximising the opportunity
- Significant connections across themes:

- Seasonal excess deaths
- Green spaces
- Anti social behaviour
- Recognising the impact of climate change and contribution of recycling
- Consideration of the public realm and wider impact on wellbeing
- Maximising “Active Travel” opportunities and wider health benefits
- The importance of raising of housing standards
- Maximising independent living opportunities
 - Telecare
 - Disabled facilities / adaptations
 - Housing support
 - New housing options inc Extra Care
- Financial exclusion emerging

14. Behaviour and Lifestyle

- Alcohol and drugs have a significant impact on individuals, across families and communities
- The focus for drug and alcohol treatment outcomes is around sustained recovery
- Our workforce needs to be trained to support brief interventions and health improving interventions
- Prevention is a key component, in particular around education for children and young people
- There can be a complex interaction of issues, for example:
 - Food poverty
 - Physical activity
 - Obesity
- Lifestyle issues more marked in some more deprived wards with an impact on health inequalities
- There is a need to reduce Teenage Pregnancy and Sexually Transmitted Infections/ HIV rates

15. Illness and Death

- Need to develop services to meet the known changes arising from increasing numbers of people with a Long Term Condition / Dementia etc.
- Implementation of systematic approaches for the identification and management of people with specific conditions across health services, e.g. primary and secondary care
- Need to reduce variation in care received – for example treatment and investigation rates, care processes and outcomes
- Self management & support requires further development
- Awareness raising of signs and symptoms of specific illnesses
- Reduce smoking prevalence and improve healthy lifestyles
- Ensure programmes connect and positive health interventions are maximised
- Specific schemes identified for consideration
 - Fluoridisation
 - Schools programmes for oral health
 - Early suicide alert programmes
- Specific programmes can impact on unplanned hospital admissions

16. People

- Ensuring the right mix of universal, targeted and specialist services across the age profile
- Emerging concerns about economic downturn and impact / financial exclusion
- Supporting individuals to make healthy choices
- Developing the care and support system to meet needs including choice/ personalisation / equity of access and dignity
- Connection with:
 - Carers – addressing support needs
 - Community – community of interest/ social capital
- Care co-ordination e.g. maternal health
- Acknowledging specific vulnerable groups and their needs
- Positive role that employment has on families/ family life
- Good emotional health and wellbeing particularly for Children, Young People and Transitions

NEXT STEPS

17. The overview of the emerging themes and related issues have been considered by the Health and Wellbeing Board and Partnership in their joint meeting. They endorsed the JSNA process to date and agreed that the emerging themes needed to be considered as part of the future strategy development.
18. There will be further work in the refinement of the detail of the JSNA which will be available via the website – www.teesjsna.org.uk from May 2012. The nature of a web based approach will enable various updates to be incorporated into the topics as new data or intelligence is received. It is anticipated that enabling access to a range of organisations, communities and individuals will help improve the detail and help refine the document.
19. Further promotion of the value of the JSNA and connection to the Joint Health and Wellbeing Strategy will be developed as part of our communications and engagement plans. It is intended that a draft JHWS will be developed by Summer 2012 to enable wider consultation with stakeholders. This process will enable feedback to those who have contributed to the JSNA and to continue the refinement of both documents. The final strategy will be considered by the Health and Wellbeing arrangements and Cabinet in Autumn 2012 so as to help inform the planning and commissioning processes for the following year.

HEALTH AND WELLBEING BOARD CHANGES AND IMPACT ON CHILDREN'S TRUST BOARD

20. As part of the public health reforms and the development of the Health and Wellbeing Board it has become clear that there needs to be further modifications to Stockton's local structures. The Children's Trust Board have met and considered the future linkages with the health and wellbeing arrangements. As part of this assessment it was noted that there was an opportunity to reshape the current organisational arrangements to avoid duplication but ensure alignment of strategies and plans. Additional work has been undertaken as part of this review process which has enabled our local plans to be refined in conjunction with the Health and Wellbeing Board and Partnership.
21. The Children's Trust Board met in March 2012 and agreed that there needed to be a number of changes to the Health and Wellbeing arrangements if Children's Trust Board would no longer meet. They agreed to a number of changes to the Partnership structures, including:

- Additional membership to ensure a children and young people focus to the Health and Wellbeing Partnership– e.g. additional place to be offered to the community and voluntary sector via the Children and Young People Consortium.
- Better engagement and consideration of how children and young people's issues are represented and involved via the Health and Wellbeing arrangements. This issue would be put to new Youth MP/ Shadow Youth Trust Board. The issue would also be considered via the work which is being undertaken via democratic services and youth services.
- Enhancement of existing structures/ arrangements – for example the refinement of the Children's Trust Management Team to inform the work plan.
- Development of specific Task and Finish groups or children and young people focused sub structures e.g. Complex Needs Partnership – to ensure that where there are specific children's issues they are considered and addressed across the range of organisations that support children and young people issues.

22. It was agreed that the role of Safeguarding across children and adults would continue to be a high priority and as a minimum the Health and Wellbeing Board would receive the annual reports. The Local Safeguarding Children's Board (LSCB) would continue to focus on child protection and the early intervention elements will be considered via the new structures for Health and Wellbeing.

23. The Health and Wellbeing Board and Children's Trust Board have both discussed the potential transitional arrangements and reiterated that there needed to be a clear mechanism to focus on children and young people issues. In order to facilitate this transition it was proposed that the new model be put in place by Autumn 2012. This would match the timescales around the review of the Health and Wellbeing arrangements and would ensure that the new structures reflect any proposals that emerge from this review. The discontinuation of the Children's Trust Board will be planned from August 2012.

PUBLIC HEALTH TRANSITION UPDATE

24. In December 2011, Cabinet agreed to proceed with the appointment of a Director of Public Health (DPH). Following the recruitment process Peter Kelly has been appointed as DPH for Stockton, he will take up post shortly.

25. Further work continues around the transition arrangements for a number of Public Health functions to transfer to the Local Authority. The Transition Plan was reviewed by the Strategic Health Authority. Formal feedback on our plans is anticipated during May.

FINANCIAL IMPLICATIONS

26. There are no financial implications arising directly from this report. The priorities arising from the JSNA will contribute to the Joint Health and Wellbeing Strategy which will help inform the service planning, prioritisation, and budget decisions of the Council, PCT and partners, so that financial resources can be targeted most effectively at needs.

LEGAL IMPLICATIONS

27. The Joint Strategic Needs Assessment is part of the 'duty to cooperate' as set out in the Local Government and Public Involvement in Health Act 2007. The production and approval of this document meets the requirements of the Act.

RISK ASSESSMENT

28. Not applicable.

COMMUNITY STRATEGY IMPLICATIONS

29. The JSNA impacts across all the themes of the Sustainable Community Strategy.

EQUALITIES IMPACT ASSESSMENT

30. Not applicable.

CONSULTATION INCLUDING WARD/COUNCILLORS

31. The JSNA itself is a compilation of feedback from service users, carers and stakeholders and synthesises the feedback various consultation and involvement structures.

32. The work around the discontinuation of the Children's Trust Board has involved the Board itself, and the Health and Wellbeing arrangements. The Local Strategic Partnership will consider the changes at a future meeting.

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Background Papers

- Department of Health Guidance on Joint Strategic Needs Assessment http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097
- Creating Strong, Safe and Prosperous Communities: Statutory Guidance <http://www.communities.gov.uk/publications/localgovernment/strongsafeprosperous>
- Joint Strategic Needs Assessment - <http://www.teesjsna.org.uk>
- Joint Strategic Needs Assessment – A springboard for action Local Government Improvement and Development (LG Improvement and Development) <http://www.idea.gov.uk/idk/core/page.do?pagelId=23706432>

Ward(s) and Ward Councillors

The JSNA documents are in the public domain and available to all Councillors for information.

Property

The report does not have implications in relation to the Council's property.