

Item no.	6
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Salford Health and Wellbeing Board

Title of report	Joint Strategic Needs Assessment (JSNA) Update and Health Profile 2013
Date	21 January 2014
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1. Executive Summary

Why is this report being brought to the Board? - Relevance of this report to the priorities of the Joint Health and Wellbeing Strategy, the Joint Strategic Needs Assessment or integrated working	The report is presented to the Board to provide an update on the JSNA work programme in Salford.
Health and Wellbeing Board's duties or responsibilities in this area	Under the Health and Social Care Act, 2012, local Joint Health and Wellbeing Boards are responsible for producing the JSNA.
Key questions for the Health and Wellbeing Board to address - what action is needed from the Board and its members?	The report is for information and discussion.
What requirement is there for internal or external communication around this issue?	The JSNA must be publically accessible and is located on-line at: http://www.salford.gov.uk/salfordjsna.htm

2. Introduction

2.1 The Joint Strategic Needs Assessment (JSNA) is a statutory requirement of Health and Wellbeing Boards to identify the current and future needs of their local population.

2.2 The JSNA considers health, wellbeing and social care needs and includes the wider factors that impact on health and wellbeing. It should also feature an assessment of community assets and identify the needs of vulnerable groups and disadvantaged areas in order to support reducing health inequalities.

2.3 It aims to support setting priorities for health and wellbeing improvement actions and to inform decision making and commissioning. The JSNA should be used to inform the Joint Health and Wellbeing Strategy.

3. Salford's JSNA

3.1 The JSNA is an ongoing evolving process. In Salford the JSNA is a developing on-line library of needs assessment information. All needs assessment work is identified and prioritised by the JSNA Executive Group (see point 4).

3.2 The Salford JSNA currently features:

A high level health focused needs assessment <i>(based on initial guidance for JSNAs)</i>	2008
A broader assessment covering a wider range of topic areas <i>(based on need for widening scope and detail)</i>	2010
Neighbourhood profiles <i>(based on need for local level information)</i>	2012
Collation of topic or population sub-group specific needs assessments (see 3.3 – 3.4) <i>(based on areas of current significant service need for Salford, with more recent additions smaller focused assessments)</i>	2013 - ongoing

3.3 The focused topic or group specific needs assessment currently available and published after 2011 include:

Learning Disabilities - adults	Unintentional injuries	Infant mortality
Homelessness	Safeguarding	Orthodox Jewish Community
Mental Wellbeing	Carers	Improving access to psychological therapies equity audit
Pharmacy	Health and Wellbeing Survey	

3.4 The programme of needs assessments for 2013/14 is:

Topic	Aim	Stage at Dec 13
Pharmacy	Looks at what pharmaceutical services are provided in an area and whether this meets the needs of the population.	Draft report
Older Persons -residential care	Determine the reasons for older people entering residential care and what helps maintain independence for longer.	Draft report
Helping Families health profile	What health issues are common amongst the Helping Families cohort and which would be amenable to early intervention and support?	Draft report
Alcohol and	To inform the Drug and Alcohol Specialist	Draft report

drugs	services on current evidence, health needs and trends relating to drug and alcohol use in Salford.	
Learning disability - children	Provide evidence of children's special educational needs and learning disabilities prevalence within the Salford population along with an assessment of associated health and social care needs as well as their ability to access health, education and social care services.	Data collection
Autism (adults)	To undertake a qualitative analysis of user, carer and professionals experiences to identify the needs of adults with autism and to differentiate what the 'medical' and 'social' models can deliver aligned with 'mutual aid' and 'recovery' models.	Data collection
Gypsy Roma Traveller	To look at needs, barriers and assets of the Gypsy, Roma community through case study and interviews.	Data collection
Lesbian, Gay, Bisexual, Transgender	Scope to be confirmed. To consider health and wellbeing needs, social care needs and assets.	Scoping
Domestic violence	To identify the extent of the problem of domestic violence within Salford, who within the community it affects most, what service provision is available and if this appropriate for the needs of the community.	Scoping
Safeguarding	What are the health and social care needs of vulnerable children in Salford (children who are looked after (LAC), subject to a child protection plan (CPP) or deemed to be children in need (CIN).	Scoping
Black Minority Ethnic	Scope to be confirmed. To consider health and wellbeing needs, social care needs and assets.	Not started

3.5 The Older Persons needs assessment and the Helping Families Health profile is highlighted to the Board to demonstrate the links between the JSNA to other work streams and the importance of locally gathered information. The Older Persons needs assessment has been developed to provide information to support the Integrated Care Programme, specifically the programme aim of reducing admissions to residential care. Information has been gathered from local datasets, case reviews, interviews and service user experiences. Preliminary findings have been presented to the Integrated Care Steering Group to indicate admission themes and trends.

4. Arrangements for managing the JSNA

4.1 Responsibility for the management of the process of developing and publishing the JSNA, and arrangements for ensuring that the JSNA informs development and delivery of the Joint Health and Wellbeing Strategy are devolved to the JSNA Executive Group.

4.2 The JSNA Executive Group meets on a monthly basis to oversee current and future JSNA health needs assessments. The group establish an annual work programme (identified in point 3.4 for 2013/14) and review all completed needs assessments prior to publication.

4.3 A prioritisation tool will be introduced in 2014 to inform the development of the annual work plan. This will include a range of criteria including wider economy needs and partnership data availability (see 6.2).

4.4 Core membership of the group includes:

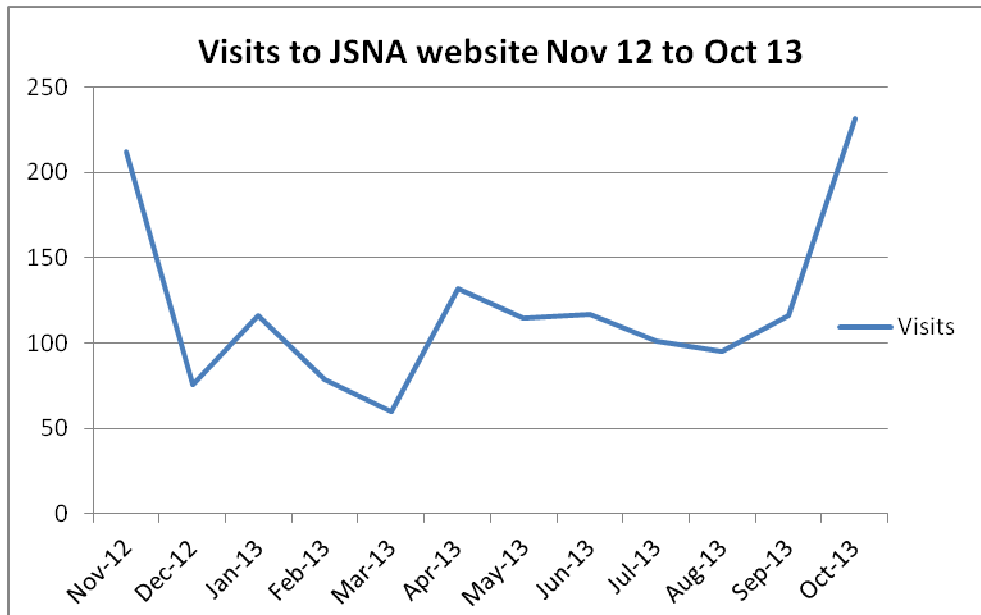
- Director of Community, Health and Social Care (Chair)
- Director of Public Health
- Director of Children's Services
- Assistant Mayor for Health and Wellbeing
- Salford NHS Clinical Commissioning Group – Local Authority liaison

The group is supported by officers responsible for individual needs assessments.

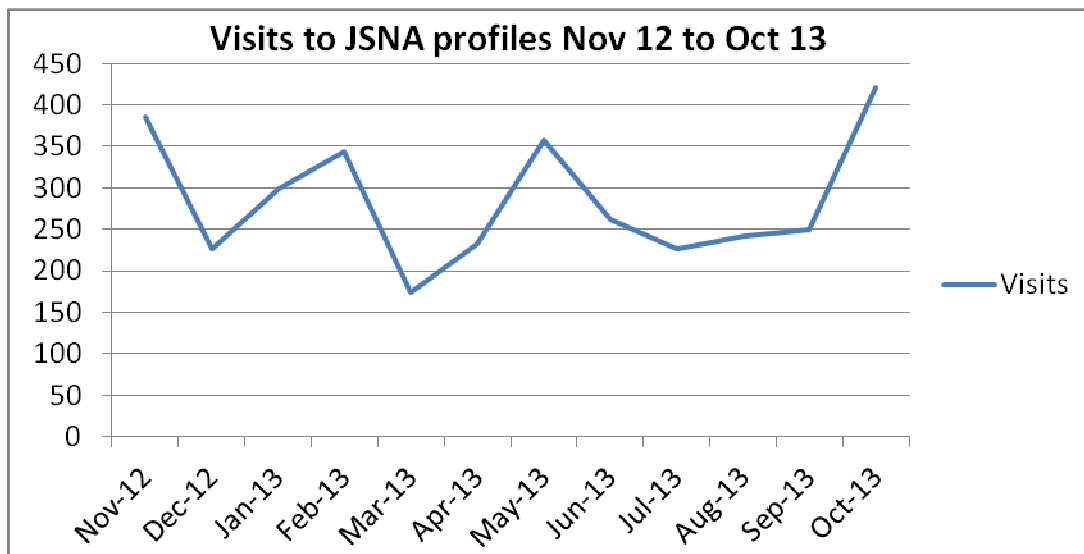
4.5 The JSNA Executive Group will report further proposals on the management and governance of the JSNA to a future Joint Health and Wellbeing Board.

5. Use of the JSNA and JSNA profiles

5.1 The chart below shows the number of visits to the JSNA home page between November 2012 and October 2013. In total there have been 1451 visits with 951 unique visits. The average time spent on the site is 112 minutes.



5.2 The chart below gives the number of visits to the neighbourhood profiles pages since launch at the end of October 2012. In total there have been 3559 visits with 1818 unique visits. The average time spent on the site is 50 minutes.



5.3 There are more visits to the neighbourhood profiles than to the JSNA home page which may reflect the active communication and dissemination of the profiles.

5.4 The neighbourhood profiles were used to inform the neighbourhood priority setting process. Feedback within the council has evidenced that JSNA information has also been used for the following projects and strategies:

City Regeneration Strategy, Debt and Welfare Advice Strategy, Salford Anti Smoking Campaign, Salford Family Support Project, Single Equality Scheme, Primary School Review, Community Budget cost benefit analysis, Children's Centre Report card and Ofsted inspection.

5.5 Feedback from the JSNA comment e-mail form and address jsna@salford.gov.uk has been limited (approximately 20 people). The majority of respondents reported

that the information was useful and that they were able to find what they were looking for.

6. Links to wider evidence

6.1 The JSNA currently focuses on local needs assessments specifically completed for the JSNA. This has the value of it being as up to date as possible and reflecting local data sets, in addition to national.

6.2 There is opportunity for the JSNA to feature other information and evidence completed by partners and/or nationally available information. This is currently being explored by the JSNA Executive group.

6.3 An example is the health profiles which are produced annually by Public Health England. These nationally produced health profiles aim to give an overview of health for each local authority area in England. The Salford 2013 profile was published in September (see appendix one and two). There is also a nationally produced child health profile for Salford. These health profiles are currently available via links on the JSNA website.

7. Recommendations for action

7.1 The Joint Health and Wellbeing Board is requested:

- to note the contents of the report.
- to note that twice yearly updates will be provided to the Board for assurance purposes.
- to support development of the JSNA.
- to discuss the approach to the JSNA.

8. Contextual information

BACKGROUND DOCUMENTS:

The Salford JSNA can be found at: <http://www.salford.gov.uk/salfordjsna.htm>

THIS REPORT CONTENT HAS ALSO BEEN CONSIDERED BY:

This report has been prepared for Health and Wellbeing Board. A report on the health profiles has been submitted to Cabinet Briefing.

EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS: Not applicable

ASSESSMENT OF RISK: Not applicable

LEGAL IMPLICATIONS: Not applicable

FINANCIAL IMPLICATIONS: Not applicable

PROCUREMENT IMPLICATIONS: Not applicable

HR IMPLICATIONS: Not applicable

Appendix one – Salford Health Profile 2013 Introduction

- 1.1 Health profiles are produced by Public Health England annually and aim to give an overview of health for each local authority area in England. The Salford 2013 profile was published in September (see appendix one).
- 1.2 The profile presents health inequalities information and death rates over time using graphs and maps. The 'spine chart' on the last page compares 32 indicators against England averages, covering both health and factors which affect health.
- 1.3 The profiles do not provide trend information (comparison over time) for most of the areas in the spine chart. They represent data sourced from a variety of reporting systems and surveys which cover different time periods.
- 1.4 The profile 2013 reports Salford is better than the average for England (rated green) in three areas:
 - The area has lower numbers diagnosed with diabetes as recorded on GP registers. This may indicate a genuinely low prevalence and/or low detection.
 - Excess winter deaths measure whether there are higher than expected deaths in the winter compared to the rest of the year and for Salford this is lower than the England average.
 - Road injuries and deaths have been less than the average for England since 2008.
- 1.5 Salford is worse than the average for England (rated red) and in the bottom quartile for 23 of the indicators. Three areas where Salford appears at the bottom end of the Local Authority range include:
 - Hospital stays for alcohol related harm. This means that hospital admissions where the diagnosis is a condition attributable to alcohol are very high in Salford compared to England.
 - Smoking related deaths represent deaths where smoking is a cause and this continues to be high for Salford. Smoking is the leading cause of preventable death. This indicator is also used as a measure of overall health of a population.
 - Physical activity in adults has shifted so Salford is now rated amongst the worst areas in England for adults who complete the recommended level of physical activity. This indicator is measured by a national survey and this year there was a change to the question with a wider definition of physical activity used i.e. a lower intensity of activity. As Salford's position has worsened this may indicate Salford respondents are less likely to be active in low intensity exercise by comparison to other districts. Previous surveys which measured the smaller numbers who are active at higher levels reported Salford performed well. The small local sample for the survey also makes the chances of changes due to statistical variance much more likely.

Appendix 2 – Health Profile 2013