



SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of: Dr Jeremy Wight, Director of Public Health

Date: 27 March 2014

Subject: Joint Strategic Needs Assessment Annual Report 2013-14

Author of Report: Louise Brewins (0797 130 4428)

Summary:

The JSNA (2013) identified a number of health and wellbeing topics where more evidence was required about the local position. This report provides an update on the progress made in gathering this additional JSNA evidence as well as identifying a number of additional topics for further analysis in 2014-15. In addition the report sets out proposals for an approach to developing indicators for outcome 5 of the Joint Health and Wellbeing Strategy.

Questions for the Health and Wellbeing Board:

- Is the level of detail in the report sufficient and if not, should it be more or less detailed?
- Are there other aspects of JSNA work that it would be helpful to report on (e.g. JSNA online resource)?
- Is the proposed approach to the development of outcome 5 indicators acceptable?
- Are there other JSNA topics that should be explored further?

Recommendations:

The Board is asked to:

- Note the significant progress achieved to date.

- Identify which, if any of the topics discussed in the report, it would wish to receive a specific agenda item on for a future meeting.
 - Agree that a paper outlining the proposed Health Equity programme be presented to a further meeting.
 - Agree the proposed way forward for developing indicators for outcome 5 of the Joint Health and Wellbeing Strategy.
 - Request a full update on all of the outcome indicators when the most up to date data are available.
 - Agree the additional JSNA topics to be investigated further in 2014-15.
-

Reasons for the recommendations:

It is important that the Board shapes and agrees the JSNA process and related areas of work as this is the key means by which it obtains evidence to support development and evaluation of the Joint Health and Wellbeing Strategy.

Background papers:

- JSNA 2013 available at <https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/JSNA.html>.

Sheffield Joint Strategic Needs Assessment Annual Report to the Health and Wellbeing Board 27th March 2014

1. Background

- 1.1 The Board published its first Joint Strategic Needs Assessment (JSNA) in July 2013. This provided a range of information and intelligence about health and wellbeing in the City to support development of the Joint Health and Wellbeing Strategy. As an evidence base for the Strategy, the Board recognised that the JSNA needed to be more than just a document. Specifically, the JSNA should be considered as a continuous process of adding to our knowledge and understanding of health and wellbeing in Sheffield.
- 1.2 The JSNA report prioritised 15 health and wellbeing topics or 'knowledge gaps' where further detailed data collection, analysis, audit, evaluation or research was needed to enhance the local evidence base. In addition, the JSNA was used to develop a set of health and wellbeing indicators to help the Board evaluate achievement of its five strategic outcomes, as set out in the Joint Health and Wellbeing Strategy. Indicators were developed and agreed for the first four outcomes of the Strategy in October 2013. It was recognised however, that further work was needed to identify suitable indicators for the fifth outcome '*The health and wellbeing system is innovative, affordable and provides good value for money*'. Finally, over this same period, a number of other topics have emerged where further analysis and/or assessment would be helpful to determine inclusion within the JSNA.
- 1.3 The purpose of this report is therefore to: provide the Board with an update on the progress that has been made on responding to the JSNA knowledge gaps (section 3), set out a way forward for developing indicators for the fifth outcome of the Joint Health and Wellbeing Strategy (section 4) and identify the topics to be investigated further in 2014-15 (section 5).

2. What does this mean for Sheffield people?

The JSNA provides a wealth of information and evidence about the health and wellbeing needs of the Sheffield population. This information underpins the development of the Joint Health and Wellbeing Strategy which in turn influences relevant commissioning plans. It is therefore important that the JSNA is as comprehensive in its coverage of need as possible and, where there are gaps in this information, seeks to address them. The JSNA should also be kept up to date.

3. Progress as at March 2014

3.1 Sensory impairments

A Health Needs Assessment (HNA) has been produced and discussions are currently being held with Communities Portfolio (SCC) and the Clinical Commissioning Group (CCG) to agree appropriate commissioning priorities and actions in response to the HNA's recommendations. The HNA confirmed the JSNA finding that Sheffield is seeing a growing number of people experiencing problems with either their eyesight and/or

their hearing and that this is leading to a largely preventable increase in the burden of ill health and disability in the City. One of the key ways for addressing this problem, as recommended by the HNA, is to raise public awareness of eye health and the benefits of regular eye check-ups. Additional Public Health grant funding was secured in 2013-14 to support taking this recommendation forward.

3.2 Resilience

Our JSNA noted that places where people get along well together tend to be places where people feel safer, live longer and respond better to emergencies or unexpected events, including adverse weather events. Resilience was also a big issue at our JSNA consultation events. At the time however we did not have an agreed consistent definition of resilience, nor agreed, reliable and comparable measures and therefore lacked an agreed basis from which to work.

Following a series of one to one meetings with key strategic leaders, and discussion at a Sheffield Executive Board meeting in September 2013, key agencies agreed to commit to developing a whole city approach to building strong and resilient communities. This approach is being led through Sheffield Executive Board, working in partnership with the newly established Local Area Partnerships. The two key pieces of work being taken forward are the development of a shared definition of success (the key characteristics of a resilient community) and developing a jointly owned city approach based on evidence, local knowledge and best practice. The initial phase of work is due to complete in spring 2014.

3.3 Assets

As part of the development of the social model of public health in the Council and related community wellbeing programme, transfer of Sheffield Homes staff into the Council and development of the Housing+ service, creation of the Local Area Partnerships, and a number of examples of place-based working, there is now considerable scope for greater operational alignment of services that are capable of identifying and strengthening community assets. A clear link is being made as part of the work on resilience and in terms of taking forward place-based working on a more systematic basis but further discussion on the knowledge and evidence needs to support this is now required. One possible option being explored would be to conduct a population-based survey. This work is being led by the Communities Portfolio.

3.4 Autism

With around 6,000 adults with Autistic Spectrum Disorders (ASD) in Sheffield and in the knowledge that this represents one of the fastest growing areas of 'primary need' in the City, the JSNA identified the need for a more in-depth Health Needs Assessment (HNA) to be undertaken to provide information and evidence on current and future numbers, diagnosis, co-morbidity and key service issues to inform the work of the Autism

Strategy Implementation Group (ASIG). The HNA is due for completion in the spring and is focussing on adults, although information on children and young people with autism is included in the HNA on children with complex care needs (see section 3.7).

3.5 Older people's wellbeing in care homes

An HNA has been completed and its recommendations are being taken forward by the Quality in Care Homes Programme Board (SCC) as well as being shared with the CCG. The HNA makes a number of recommendations for improving the wellbeing of care home residents but its central recommendation is to characterise care homes as settings for the effective and efficient promotion of public health, akin to the 'Healthy Schools' approach. This approach has the potential to provide a systematic means by which to improve outcomes for older residents and thus make a significant contribution to improving health and wellbeing in the City overall.

3.6 Impact of welfare reform

In July 2013 a paper entitled 'The Impact of Welfare Reform on Sheffield's Residents' was taken to Scrutiny. Since that time, there have been further changes to welfare arrangements. A Welfare Reform Implementation Group has been established in the Council with one of the main work streams being concerned with measuring and assessing the impact of the reforms on the local population. The JSNA raised concern about the extent to which the outcomes of the Health and Wellbeing Strategy would be achievable in the context of such potentially negative impacts. Work has therefore been undertaken to begin to quantify the impacts of welfare reform, both in financial and health terms. More specialist support is needed however to develop this information further and discussions are currently being held with relevant academic partners for an 'integrated' health impact assessment.

3.7 Children with complex needs

A Health Needs Assessment (HNA) is due for completion at the end of March 2014 and will provide information and evidence on current and future needs, risk factors and service requirements. Recommendations will be taken forward under the auspices of the complex care work stream of the Children's Health and Wellbeing Partnership Board.

3.8 GP user experience and service access

Based on qualitative evidence gained at our consultation events, the JSNA identified the need to explore local evidence concerning access to GP practices services in more depth. In particular, this included issues such as contacting the surgery by telephone, waiting times for an appointment and seeing a GP at the weekend. The NHS England Area Team for South Yorkshire and Bassetlaw is currently preparing its primary care

strategy which will include its approach to access and quality of primary care services in the area. The key aim will therefore be to ensure local evidence is used to help inform the strategy. The work undertaken by Sheffield Healthwatch, in relation to the public's views on primary care access in Sheffield, will therefore provide this evidence, both in terms of informing the NHS England strategy and local CCG plans for work with practices.

3.9 Children and young people's emotional and mental health

An HNA is due for completion at the end of March 2014 and will provide relevant evidence to inform development of the Children Health and Wellbeing Board's strategy. The HNA is focusing on current and future numbers, risk/protective factors, high risk groups and service requirements.

3.10 Mental ill health and service use and access for physical health needs

The JSNA highlighted serious concerns regarding the physical health outcomes of people with mental health problems, especially people with serious mental illness. Although a national problem, the situation in Sheffield was identified as particularly worrying. Evidence was needed on 'what works'. This is being taken forward as a project within the Right First Time programme. The project is currently gathering evidence to support evaluation of a systematic approach to addressing the physical health needs of people with a serious mental illness. GP practices are core to this approach which is centred on the annual health check and use of community development workers linked with practices. Three GP practices are currently participating in the pilot. More detailed evidence from the evaluation is due in September 2014 and will include focus on issues such as acceptability (staff and patient), removal of barriers, take-up of the health check and, where available, changes in behaviours and choices. Subject to evaluation (and funding), the aim is to mainstream the approach in 2015.

3.11 Neurological conditions

The JSNA identified that nationally the number of people with neurological conditions is likely to grow sharply over the next two decades and that this would increase the impact on both health and social care services. However, it also identified that we needed comprehensive and up-to-date local data if we are to assess need accurately and determine where best to focus interventions for improvement. An initial briefing on the state of the local evidence has been prepared and will be taken to the Adult Joint Commissioning Group for consideration.

3.12 Lifestyle behaviours

The JSNA recognised that information about people's lifestyle behaviours, such as smoking, alcohol consumption, eating habits and levels of physical activity, was almost exclusively dependent on national surveys, making it difficult to assess and target work according to local variations and preferences. Actual data on smoking, alcohol consumption and weight, derived from GP practices, is now becoming available and this is being used to support effective targeting and provision of prevention and early intervention work. Initial analysis is focussing on developing a more accurate picture of prevalence and how this varies across Sheffield's communities and is being used to inform the long term conditions programme within the CCG and the Council's stop smoking service tender and specifications for the Weigh Ahead and Physical Activity contracts.

3.13 Pharmaceutical needs assessment

National guidance indicates the Pharmaceutical Needs Assessment (PNA) should be fully updated and published by April 2015. A steering group and delivery plan is being set up to take this forward in Sheffield. Meanwhile, the current PNA (published 2010) and live map continue to be updated as required and are made available to NHS England and industry on request. A more detailed briefing on producing the PNA for Sheffield was circulated to the Board in January 2014.

3.14 Equity of spend

It has long been acknowledged that putting additional support into the most disadvantaged communities of a population and raising standards there will have a beneficial effect on the whole population. In addition, the Fairness Commission recommended that the Health and Wellbeing Board should seek to ensure that spending across the City is more fairly utilised based on the relative needs of its communities. This includes making services more accessible and appropriate to groups who underuse them. The JSNA identified however that we lacked comprehensive enough evidence to judge whether the distribution of resources was linked to the distribution of need or not.

Analysing the extent of unwarranted variation in healthcare utilisation represents one way in which this JSNA knowledge gap could be considered. Looking at health (and social care) spend in total however would be a significant undertaking and probably unrealistic. The approach proposed therefore would be to establish a 'health equity programme' to be led by the healthcare public health team based in the CCG on behalf of the Health and Wellbeing Board. This programme would then be based on a prioritised set of topics or service areas and use a systematic approach to assessing equity and need. The programme is currently being scoped and it is therefore proposed that a separate paper on this is brought to the Board for approval.

3.15 Health needs of protected groups

Whilst the JSNA presented extensive information on health inequalities in the City by geography and socio-economic status, it was clear there was considerably less information on other axes of inequality such as disability, ethnicity and sexual orientation. It is important that in the future we develop, where practicable, our joint assessment of need within the context of our Equality Duty and related protected characteristics. A new Health Inequalities Action Plan for the City is currently under development, as part of implementation of the Joint Health and Wellbeing Strategy. The first actions in the plan will be to define the populations and communities of identity/interest and the aspects of health and wellbeing we wish to measure, and to then source and collect relevant data. A good start has been made with the production of a number of 'community knowledge profiles' (currently these cover ethnicity, gender and disability). These profiles will be further developed to cover other relevant communities.

4. Outcome 5 health and wellbeing indicators

4.1 In October 2013, the Board agreed a set of 30 indicators that it would use to help judge whether it was making progress towards its strategic outcomes. These indicators related to the first four outcomes of the Health and Wellbeing Strategy. The Board agreed however, that further work was needed to develop indicators suitable for evaluating the fifth outcome of the strategy - *the health and wellbeing system is innovative, affordable and provides good value for money*. The following sections set out some of this further thinking and identify potential way forward.

4.2 The first element of the outcome is concerned with the extent to which the local health and wellbeing system is **innovative**. The most straightforward way to measure this would be to identify the number of new, evidence-based services commissioned to improve health and wellbeing in Sheffield i.e. services of a different nature rather than the same type of service commissioned from a different provider.

4.3 The second element concerns whether the health and wellbeing system is **affordable**. There are a number of approaches that could be taken here. The most straightforward option would be to focus on whether the respective budgets of the Council and the CCG are in balance and achieving required savings. Another option would be to focus on local demand management priorities. There are already a number of 'demand management' indicators included under outcome 4 of the Strategy however (emergency admissions, admissions to care homes, delayed transfers of care and A&E attendances). The proposed way forward would therefore be to use these indicators to cover both outcomes 4 and 5 in addition to one or two budget/savings indicators including, potentially, affordability in future years.

4.4 The third element of the outcome, whether the health and wellbeing system provides good **value for money**, is perhaps the most difficult to capture. Broadly the aim should be to combine spend, quality and outcome into one indicator. In the context of the NHS, it is proposed that the Department of Health's Spend and Outcome Tool (SPOT) be used to construct an indicator measuring the proportion of health programmes where

there is high spend and poor outcomes relative to Sheffield's statistical neighbours. For Adult Social Services and Children and Young People's services relevant benchmark indicators would be used. This could include development of unit price comparisons.

There is a fourth area of value however that should be considered. The Public Services (Social Value) Act 2012 became law on the 8th March 2012. The Act places a duty on public bodies to consider social value ahead of a procurement process for the provision of services, the provision of services together with the purchase or hire of goods, or the carrying out of works. Specifically the requirement is to consider how what is proposed to be procured might improve the economic, social and environmental well-being of the relevant area and how, in conducting the process of procurement, to secure that improvement. It is unclear at the moment how we would measure this objectively and it is therefore proposed that we explore this further.

5 New topics for the JSNA in 2014-15

5.1 Since the JSNA was published last year a number of other health and wellbeing topics have been raised for possible inclusion within the JSNA. It is proposed that these topics be considered in more detail in 2014-15 with recommendations made to the Health and Wellbeing Board as appropriate and relevant.

5.2 Climate change and adaptation

Changing weather patterns, more frequent extreme weather and rising temperatures have direct implications on our health and pose challenges to the way in which the NHS, public health and social care system operates. These impacts are extremely likely to be magnified in the future. One of the main ways in which we can respond to this is via 'adaptation' or, preventing avoidable impacts and health burdens through comprehensive preparation. Nationally a sustainable development strategy has been produced jointly by the Local Government Association, NHS England and Public Health England for the NHS, Public Health and Social Care system. The Environment Agency has recently produced a toolkit to support Health and Wellbeing Boards, as part of their JSNA, to identify the adaptation measures available at the local level and the opportunities to improve people's health and save money through action on this agenda. It is proposed that the toolkit is used to undertake this local assessment.

5.3 Other topics

As a result of Freedom of Information requests and general enquiries a number of other health and wellbeing issues have been raised for further investigation. These are:

- Adults with complex care needs
- People with HIV/AIDs and experience of poverty
- Epilepsy
- Offender health
- End of life care

It is proposed that each topic be considered in more depth with recommendations made to the Board as required.

6. Questions for the Board

- Is the level of detail in this 'annual' report sufficient? If not, should there be more or less detail?
- Are there other aspects of JSNA work that it would be helpful to report on (e.g. JSNA online resource)?
- Is the proposed approach to the development of outcome 5 indicators acceptable?
- Are there other JSNA topics that should be explored?

7. Recommendations

The Board is asked to:

- Note the significant progress achieved to date.
- Identify which, if any of the topics discussed in the report, it would wish to receive an agenda item on for a future meeting.
- Agree that a paper outlining the proposed Health Equity programme be presented to a future Board meeting
- Agree the proposed way forward for developing indicators for outcome 5 of the Joint Health and Wellbeing Strategy.
- Request a full update on all the outcome indicators when the most up to date data are available (likely to be September 2014)
- Agree the additional JSNA topics to be investigated in 2014-15.

8. Reasons for the recommendations

It is important that the Board shapes and agrees the JSNA process and related areas of work as this is the key means by which it obtains evidence to support development and evaluation of its Strategy.

Louise Brewins

Sheffield City Council

27th March 2014