

**SUNDERLAND EARLY IMPLEMENTER  
HEALTH AND WELLBEING BOARD**

27 July 2011

**PRODUCTION OF THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)  
FOR 2011**

**Report by the Director of Public Health**

**1. Purpose**

This brief note sets out proposals for the development of the 2011 JSNA which will be initiated through a project management approach.

**2. What is a JSNA?**

The Joint Strategic Needs Assessment (JSNA) is an ongoing process that identifies current and future health and wellbeing needs of the local Sunderland population. This informs decisions not just about how we design, commission and deliver services (both now and in the future), but also about how the urban environment is planned and managed. Our aim is to improve and protect health and wellbeing across the city while reducing health inequalities.

Sunderland's JSNA baseline report was published in 2008, with an update released in 2009. These reports described some of the key health and wellbeing issues for the local population, and looked into the future to predict how these might change, and what the implications of these changes might be in terms of service planning. This was used to inform strategic documents, such as the Sunderland Strategy; PCT's 5 year Strategic Plan; the Director of Public Health's Annual Report; the Council's 15 year Commissioning Framework for the Directorate of Health Housing and Adult Services; and the Children and Young People's Plan. It is not clear that the JSNA directly supported and underpinned prioritisation and commissioning decisions and it is this aspect of the process which we need to enhance during the 2011 refresh

**3. Change Drivers**

There have been many national policy and economic changes in the past 12 months. A key issue impacting on both Councils and all public sector and private partners is the financial impact of the global economic downturn, in which public-sector organisations are expected to manage within a much more restricted financial settlement. This will mean a greater targeting of resources towards identified priorities.

In view of this rapidly changing national (political and economic) policy context, this year's JSNA has taken a different approach from previous years and as well as supporting the delivery of the Health and Wellbeing Strategy also focuses on:

**The need to better support decision-makers (commissioners) during this period of austerity and change.**

There are some clear priority areas which we have focused on in Sunderland over the last 3-5 years (eg the areas selected within our Local Area Agreement and the Sunderland Strategy) and which were covered in the previous JSNA. However as part of the refresh a group of Officers have submitted a range of priority areas for consideration by the Board as those for which we will provide refreshed analyses by the end of September to support commissioning rounds. In addressing these priority areas through the People Place Economy strategic model, the aim is to reduce inequalities for local people. The list is attached as Appendix 1.

#### **4. Project Approach**

As always there are time and resource constraints on the delivery: i.e. JSNA analysis is needed to inform the Health & Well-Being Board's strategic responsibilities; and partners' commissioning prioritisation during the 11/12 commissioning cycles. To counter this, it is proposed the project develops in a number of phases to widen participation and interaction in the JSNA with a range of stakeholders including health and social care commissioners, other health and Council professionals and Third Sector partners as well as service users, carers and the wider public. Available resources currently include some coordination and intelligence capacity within the Strategy, Policy and Performance Management function as well as capacity from Directorates (Commissioning Leads) and colleagues from Public Health in the TPCT.

A significant advantage is that many (albeit not all) of the areas which will be under consideration are not new priorities for Sunderland and much intelligence is available. An overall JSNA Data Annex which confirms to Department of Health Guidance has already been produced and is available on both the PCT and Council websites.

The first stage of the refresh should be completed by the end of September 2011 in that a draft of the chapters with high level recommendations for commissioners is produced for provisional agreement by the Health and Wellbeing Board. We also need to consider the best approach to take to additional user involvement and community engagement. Chapters would include the most up to date user/carer/public involvement information gained from the continuous process of engagement and involvement work that is carried out as part of our usual systems. A communication and consultation period of three months would allow for a broad range of stakeholders to feed in their views on the work that had been delivered. We anticipate that by the end of December 2011 the Board will have signed off this year's JSNA.

It is anticipated that the final list of priority areas will be allocated to commissioning leads and they with assistance from SSPM staff will populate the standardised template which will then be the JSNA chapter for that subject. An Executive Summary will be produced for each Chapter. We recognise that even with the information already available there will be 'gaps' e.g. where spend on a

particular area is subsumed within a larger financial envelope or spread across a number of partners.

The expectation is that allowing for these issues each commissioning lead/policy officer combination should be able to deliver an analysis of their topic area ensuring the H&WB Board have sufficient information for consideration of Sunderland commissioning decisions over the next 3-5 years (investment and disinvestment). Where there are some significant changes coming e.g. the definition of the Public health Ring fenced Budget, the nature of the continuous process of JSNA will allow for further refining and analysis.

## **5. Project Team**

A Project Board has been established to oversee this major refresh with coordination function given to a much smaller project team. Members of the Board include Senior Officers from the Council (Childrens Services, City Services, Health Housing and Adult Services and the Office of the Chief Executive as well as from the TPCT and the Sunderland Clinical Commissioning Group. In reality Board Members will be significantly involved in the completion of the task as each will have responsibility for the completion of topic areas relating to their area. Officers have been asked to submit their suggestions for a 'first trawl' of priority areas and a 'prioritisation' into first and second level importance will be available for the H&WB Board to consider.

## **6. Alignment**

The Health and Wellbeing Board is asked to approve this report and agree:

- The JSNA approach and timelines (draft for provisional approval end September, public engagement and Final Approval December 2011)
- The Refreshed JSNA Priority List

**Maureen Crawford**  
**Director of Public Health**  
**18 July 2011**



## Appendix 1 – JSNA Priorities List (Officer Group Prioritisation will be provided in advance of 27<sup>th</sup>)

### Proposed JSNA Priorities

#### ***People***

Life Expectancy

Quality of life and wellbeing

**Start in life (incl. parenting, breastfeeding, readiness for school)**

Literacy and educational attainment

Carer support (esp. young carers)

Sexual health (incl. teenage pregnancy)

Emotional resilience

**Obesity**

Physical activity

**Substance misuse (esp. alcohol)**

**Tobacco** (incl. smoking in pregnancy)

**Early identification and management of cancer, CVD and COPD**

Preventing hospital admissions

Social isolation

Domestic violence

#### ***Place***

Access to services which impact on health

Homelessness/availability of affordable housing

Housing (physical condition)

Affordable warmth

Accidents

**Healthy urban planning and access to green space**

Low carbon

Crime/perception of safety

#### ***Economy***

**Poverty (esp child poverty)**

Training (reduction in NEETs)

Income/financial resilience

**Access to good quality work**

Access to lifelong learning

#### ***Cross-cutting***

Digital City

Increased aspirations

Individual and community resilience

Democratic engagement

## **HHAS**

- Supporting adults to live independently in the community through improving their choice & control of care, support and daily living options
- Improving support and recovery for people with mental illness
- Improving access to accommodation solutions for socially disadvantaged individuals

## **Scrutiny-Related Topics**

- Children's start in life
- Care closer to home (support on discharge to avoid re-admission, intermediate care, re-ablement and other rehabilitation pathways)
- Safeguarding children and adults

## **City Services**

- Lifestyle Factors - particularly obesity, smoking cessation and alcohol misuse (but potentially other things too)
- Supporting Older People to live independently
- Healthy Urban Planning

## **NC/PA**

**20<sup>th</sup> July 2010**