

**SUNDERLAND EARLY IMPLEMENTER
HEALTH AND WELLBEING BOARD**

3 FEBRUARY 2012

**UPDATE ON THE JOINT STRATEGIC NEEDS ASSESSMENT PROCESS AND NEXT
STEPS OF THE HEALTH AND WELLBEING STRATEGY**

Report of Director of Public Health

1 PURPOSE OF THE REPORT

To provide board members with an update on the Joint Strategic Needs Assessment (JSNA) process currently underway

To set out the proposed next steps including outlining the development of the Health and Wellbeing Strategy.

2 BACKGROUND

Equity and Excellence: Liberating the NHS (July 2010) set out a vision of a new health and care system, shifting away from centrally driven targets, and focussing on putting patients and public first, delivering the outcomes that matter most to people, and strengthening accountability and local democratic legitimacy. These legislative changes set out the government's ambition for an enhanced role for the JSNA. This has been followed up by *Public Health in Local Government* (December 2011) which reiterates that the Government is returning responsibility for improving public health to local government for several reasons , namely their:

- Population focus
- Ability to shape services to meet local needs
- Ability to influence wider social determinants of health
- Ability to tackle health inequalities

The strengthened role of JSNA and joint Health and Wellbeing Strategy will enable democratically accountable Councillors, Clinical Commissioning Group General Practitioners and Directors of Public Health, Adult and Children's services to work with their communities in leading a more effective and responsive local health and care system. They will sit at the heart of local commissioning decisions, underpinning improved health, social care and public health outcomes for the whole community. As such, they are key to the success of Health and Wellbeing Boards and individual commissioner's in the future local health and care system.

Although new statutory duties will not take effect until April 2013, activity in the next year of transition will be crucial for the development of the reformed health and care system. It is an opportunity to develop strong relationships, embed new ways of working, build on good practice, and agree priorities for the future before taking full responsibility for the day-to-day running of the system.

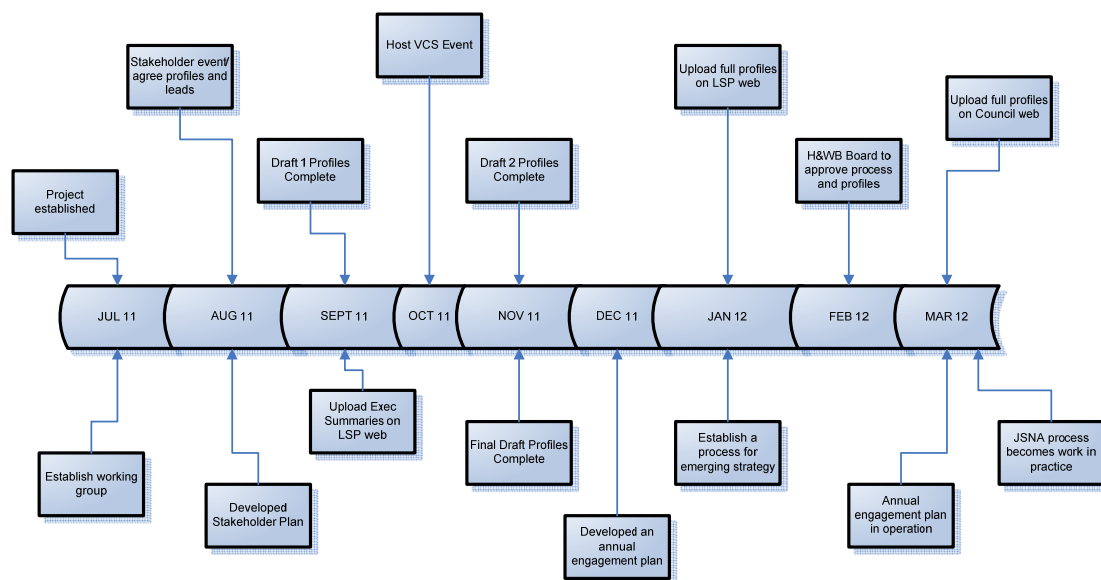
3 SUNDERLAND'S JSNA

During 2011 Sunderland TPCT and Sunderland City Council began the coproduction of a significantly refreshed JSNA using information from a variety of sources to establish the

needs of the Sunderland population in a single, ongoing process. This included quantitative data e.g. health care and local government statistics; information on current service provision, outcomes and value for money (where available), and qualitative data from a range of sources including patients, service users, carers, the public and service commissioners. This information is being analysed to identify:

- priority issues to be addressed to improve overall health and well-being
- areas to be addressed if we are to reduce inequalities locally, and
- priority actions that local agencies and partners need to address through commissioning decisions

The JSNA is delivering an enhanced version of profiles for Sunderland, more rounded and engaging of local people and services than the two previous iterations. The process was project managed by the Programme & Project Office which enabled the timeline (demonstrated below) for engagement and profile completion to be monitored more coherently.



The stages of the JSNA process for Sunderland included:

- review of all current (completed within last five years) needs assessments
- review of citizen and public engagement work by Council and TPCT
- stakeholder involvement
- engaging with communities
- linking with other strategic plans
- establishing a core set of profiles (linked to Sunderland Outcomes Framework)

4 STAKEHOLDER INVOLVEMENT

An initiation event was held in August predominantly for health and local authority staff to explain the new JSNA completion process (note: representatives from Sunderland Community Network, the Carers Centre and LINKs were also present). The event helped to identify the profiles and leads, identified from significant strands of our business for at

least the last 3-5 years, although recognising change in emphasis in some areas changed due to local performance and changing Policy Frameworks. The JSNA process has been identified as an iterative process which will change as the process and the profiles develop. The currently agreed profiles have been cross checked into the Sunderland Priority areas of People, Place and Economy across the life course and Lead Officers have been identified:

	Profiles	Leads
PEOPLE	Start in life (incl. parenting, breastfeeding, readiness for school)	Deanna Lagun
	Quality of life and emotional wellbeing	Gillian Gibson/Jackie Nixon
	Sexual health (including teenage pregnancy)	Lorraine Hughes
	Safeguarding Children & Adults	Meg Boustead
	Literacy and educational attainment	Sandra Mitchell
	Mental Health including dementia, including suicides, and improving support and recovery for people with mental illness	Jean Carter
	Social isolation & exclusion	Graham King
	Physical activity	Victoria French
	Supporting People to Live Independently including supported accommodation for socially disadvantaged individuals	Graham King
	Cancer, COPD, CVD	Nonnie Crawford, Gillian Gibson, Mark Overton
	Reducing/ preventing Substance Misuse	Ben Seale
	Obesity/Healthy Weight	Victoria French
	Tobacco	Julie Parker
	Preventing hospital admissions and Care Closer To Home	Jean Carter
Life Expectancy	Gillian Gibson	
PLACE	Access to services which impact on health/Healthy urban planning	Mike Poulter
	Homelessness, Hostels, Rough Sleeping and Migration	Alan Caddick
	Housing (Physical Condition)	Alan Caddick
	Accidents	Lorraine Hughes
	Low carbon	Janet Snaith
	Crime/perception of safety	Stuart Douglass
ECONOMY	Family, financial & household resilience	Vince Taylor
	Access to good quality work	Keith Moore
	Digital Inclusion	Tom Baker

The process also supports the review and alignment of Commissioning Plans and Service Plans for 2012/13 onwards as well as providing the underpinning for the development of the Health & Wellbeing Strategy. A stakeholder plan has been developed and is underway along with an annual engagement plan illustrating the planned ongoing work to keep the JSNA a 'live' document whilst recognising the balance required between needs assessment and action on prioritisation.

5 BROADER ENGAGEMENT

An event was held in October specifically for the Voluntary & Community Sector (VCS) with the main message being to raise awareness of the JSNA. Whilst the JSNA process has been in place since 2008, this was the first time a formal event was arranged to engage the VCS. The format of the event was planned with Sunderland Community Network and the 5 VCS Area Network Co-ordinators. Attendees were asked to share knowledge and information about health and wellbeing issues and the impact on people

within the community and to let us know what they, as organisations, do to support people across the City to have healthy and happy lifestyles and inform us over what barriers they face. A number of attendees requested more detailed discussions on specific JSNA profiles and this was followed up by policy officers from within the Council and the feedback passed to profile leads for inclusion in the profiles.

A workshop took place in November to specifically look at the demonstration of addressing requirements under the Equality Act and delivering Equality Impact Assessments which will underpin future decisions around commissioning and decommissioning of services. Profile leads have been asked to take this work forward with the support of the Equality Forums (previously the Equality Advisory Groups). This area of work is a major challenge for all and these have not been coherently delivered currently (3rd January 2012), but work will continue over the coming months to ensure that any profile area potentially under change will have an up to date assessment in place..

As well as attending the Sunderland Community Network to extend the process into the third and independent sectors all leads understood the need to consider how stakeholder views (user, carer, public) are included within their profiles - either by using what was already available from the significant range of engagement work carried out continuously by the Council, the LSP and Sunderland Partners, or by identifying where an enhanced approach was needed. The iterative nature of the JSNA process requires ongoing engagement work not just with communities of interest (eg VCS) but also across neighbourhoods and geopolitical communities (ie Area based).

In the new health and care system, Local Authorities will have the responsibility for undertaking the JSNA (and joint Health and Wellbeing Strategy, JHWBS) with challenge delivered through the Health and Wellbeing Board. Elected councillors, directors of public health, adult and childrens services and commissioning general practitioners will have critical roles to play. The JSNA will be a vital tool to support the Board to understand the needs of their whole community, and support collective commissioning action by local Partners to address those needs. By bringing together insights from communities with a range of high quality evidence and information, which could include other local assessments and non-health data, the Health and Wellbeing Board can make decisions on how best to meet those needs, through commissioning of joined up, integrated and appropriate services and by tackling the wider determinants of health. The JSNA process will also enable service users and the public to understand the factors that influence services in their area. Through the local political processes local people will be able to influence future decision making by their democratically accountable councillors

This will not be the only opportunity for the public to shape their services, as Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board will also be required to involve the public and service users in the planning of services or service change in the same way as current NHS commissioners are mandated. Health and wellbeing boards may wish to consider how other local Partners (e.g. Police, Foundation Trust, University) engage with the public and identify opportunities for alignment and rationalisation.

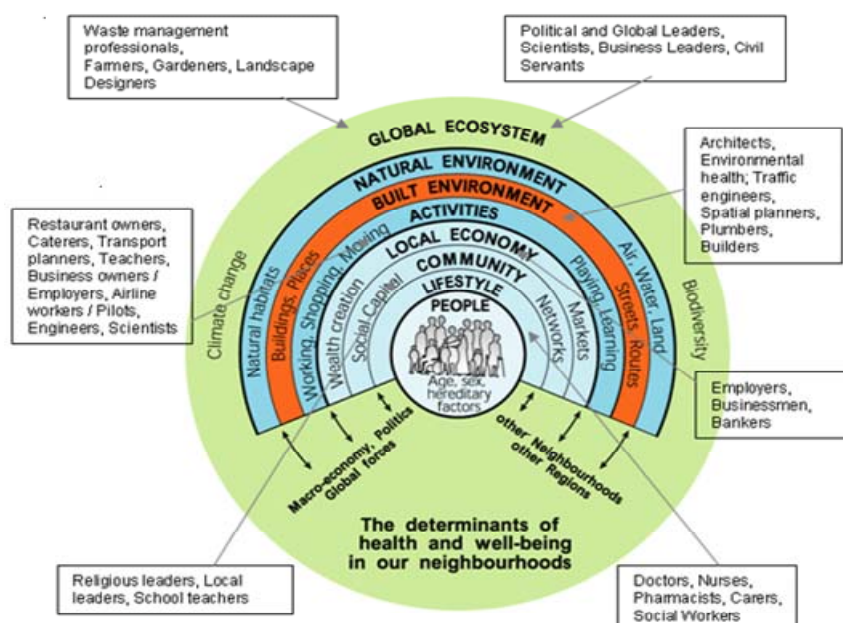
The Health and Wellbeing Board will have a continued duty to involve users and the public in the development of both the JSNA and the joint health and wellbeing strategy, and pay due regard to the Public Sector Equality Duty. This will strengthen local accountability, enabling health and wellbeing boards to work with the local community and partners to identify needs and assets, and to jointly decide and agree actions to address them and utilise their potential.

6 LINKING WITH OTHER STRATEGIC PLANS

In assessing needs and priorities, the Health and Wellbeing Board is likely to adopt an 'outcomes-based approach', considering how their influence will focus on improving the outcomes that matter most to and for their populations. It is also clear from the work currently underway in developing the JSNA that there are significant issues for people and communities which impact on how they interact with the services and systems we commission and it the balance of these impacts which then leads to the outcomes. Early assessment suggests that key issues are:

- personal experience of inequalities
- individuals level of choice & control over service delivery
- service integration & individuals navigation through pathways
- prevention and risk management across the lifecourse
- community and individuals engagement

The circular diagram below shows a depiction of the wider determinants of health and the annotated boxes describe some examples of how local players' actions in the areas integrate with Sunderland's Framework of People, Place and Economy.



This model will be built on for the development of the Health and Wellbeing Strategy, a timeline and process plan for which are included as Appendix 1.

7 ESTABLISHING A CORE DATASET

The Intelligence Hub within Sunderland City Council took responsibility for establishing a core dataset which complements the NHS dataset mandated by DH. Further analysis of the profiles is now identifying emerging themes including:

7.1 Inequalities

Recognition of life inequalities between Sunderland and England and within Sunderland wards remains a significant challenge

Most of the Profiles recognise as an underlying strand there are substantial inequalities, at least partly generated by the city's socio-economic demographics, across a range of outcomes for different communities (either geographical or communities of interest), including health and illness, causes of mortality, children's life chances, worklessness and economic prosperity between Sunderland and England, and within the city itself. The degree to which the gaps between Sunderland and England and within the city itself have closed is mixed: whilst outcomes, such as mortality rates for specific diseases have generally improved in the city, this is true of England as a whole and the 'gap' has not yet reduced. The need to reduce these inequalities and "close the gap" was highlighted in many Profiles as an area for improvement.

It should be noted, however, the city has several advantages that help it perform better than the England position in a number of areas, e.g. the city is rated as one of the safest in Northern England; and the higher degree of residents' satisfaction with local services. However, many of the Profiles report there may be future pressures in terms of the city's ability to continue to "close the gap" between Sunderland and England (see Significant Challenges).

7.2 Engagement

Recognition that some groups are particularly and multiply disadvantaged due to their life circumstances and their voice needs need to be heard

Most of the Profiles reflected the need to provide advice, information and support to specific groups of individuals and communities in a more meaningful and tailored way, more consistently (see Choice & Control). This is partly linked to tackling inequalities in Sunderland, e.g. one might expect a greater proportion of people from more deprived areas to make greater use of health and social care services, but there are communities of interest (e.g. those with disabilities) or geographical communities in which this is not demonstrably the case, or in which this services don't fully reflect the diversity of Sunderland's population. Some groups appear to be particularly at risk, and this includes families with children, with low incomes; children looked after and care leavers; people with life-limiting illness (including older people); and carers with significant caring burdens, all at risk of a range of poor life outcomes; older men at risk of chronic diseases due to their life circumstances.

There is a need to better reflect on how the needs identified in most of the Profiles fully reflects those all Sunderland's diverse population and what this means for equitable access to, and outcomes from, solutions, interventions and facilities. Furthermore, the process of completing the Profiles suggests the city needs to build on, and then maintain, its engagement mechanisms with residents and representative groups to become more inclusive in needs analysis and subsequent decision-making about commissioning and service improvement.

7.3 Prevention

Recognition of need to focus on greater level of prevention for individuals

Most of the Profiles in the People framework recognised there was a need for more preventative solutions to improve the life-chances of the population and vulnerable groups at risk. Some of the Profiles identified the need to encourage people to make personal changes in their or their families' lifestyles as part of a preventative agenda (see Choice & Control). Sometimes these preventative measures were associated with improving public-sector or Third Sector interventions to facilitate changes, e.g. provision of meaningful information, advice, practical support and/or facilities to help people make informed choices, e.g. in terms of welfare rights & advice, sex & relationships education

and self-directed choices about social care and support options for adults. Most of the evidence suggests that preventative strategies implemented earlier not only improve individuals' outcomes but are also more cost-effective than later, more complex interventions (e.g. admission to hospital or residential/nursing care).

Evidence from the Profiles suggests the city as a whole has a mixed record in successfully promoting a more preventative approach that best fits the underlying socio-economic demographics in the city as a whole.

7.4 Choice & Control

Recognition of the need for people to exercise greater responsibility in their and their family's lifestyles, but also individuals' desire to exercise greater choice & control over solutions available to them

Some of the Profiles identified the need to encourage people to make personal changes in their or their families' lifestyles, e.g. reducing alcohol consumption, taking more exercise, ensuring a healthier start in life etc. Several of the Profiles discuss the opportunities for people and communities to take a greater degree of control over the choices for their lives, acknowledging the critical role of the family and carers in continuing to provide practical and emotional support for children and vulnerable adults.

A common issue identified in many of the Profiles was the need to improve meaningful information and advice at the right time (through access channels shaped around individuals' preferences, which might include through a trusted source) to help people make informed choices about their lives, and to provide more consistent messages from professionals about the choices available to individuals, e.g. in terms of health/social care solutions; access to services etc. Several of the profiles commented on the relationship between improved choice and control over available solutions and resulting satisfaction with outcomes, e.g. in supporting people to live independently. These Profiles also commented on the challenges and opportunities greater control over solutions presents to commissioners and providers in terms of developing care markets to provide a greater range of diverse solutions to meet needs and preferences, e.g. need for availability of high-quality Personal Assistants in the city to meet demand; and resulting opportunities this brings in terms of supporting entrepreneurialism in the city.

7.5 Integration & Navigation

Recognition of need to better target interventions, often in closer collaboration with a range of partners, most consistently and make better use of existing assets in the community

The findings within the Profiles suggests there's a need to better target advice, information and practical support and interventions at specific individuals, including at a more preventative stage, with communication messages tailored around preferred access channels of these individuals. The degree to which specific issues captured in (predominantly People) Profiles are targeted at specific individuals is mixed; as a generalisation, there seems a need for better intelligence to support this targeting and better use of these results in terms of access, front-line operations and commissioning, e.g. targeting groups for smoking cessation; people at risk of hospital admission or falls; social exclusion etc., building on successes elsewhere.

Furthermore, evidence from most of the Profiles re-affirms the need for closer collaboration between a range of public, private and Third Sector partners to better deliver improved population outcomes (and potentially provide efficiencies) from a strategic, front-line and customer perspective. Examples include the need for improved

collaboration in terms of children's best start in life; safeguarding; care closer to home; social exclusion; and risk of homelessness.

7.6 Wider Life Determinants

Recognition of need to facilitate a preventative approach through improving outcomes of wider life determinants for individuals

Most of the Profiles across the People-Place-Economy framework recognised there was a greater need to improve wider life determinants for individuals and families. As with Choice & Control, the Profiles identified the need to encourage people to make personal changes, e.g. in terms of their aspirations for themselves and their families in terms of employment, reducing their carbon foot-prints or taking part in the life of the community.

However, there was recognition of the role of statutory agencies in facilitating or influencing partners to deliver these changes, e.g. providing accessible green spaces and health facilities locally, improving access to high quality housing, education and employment opportunities or perceptions of safety. The Profiles suggest the city has a generally good track record in facilitating such opportunities (most recently in terms of digital connectivity), but further consideration is needed about the extent to which all groups are able to benefit from these opportunities.

7.7 Future Challenges & Opportunities in the City

Recognition that there are significant challenges facing the city and its population over the years ahead

Most of the Profiles across the People-Place-Economy framework reflect on the challenges – but also the opportunities – facing the city over the next 5 years and beyond. Significant issues are associated with:

- *Impact of Economic Downturn and resulting uncertainty:* This is reflected in the future needs of the Profiles in terms of what it means for individuals, communities and organisations. For example, national research suggests the impact of Welfare Reform may disproportionately affect Sunderland more than many other England authorities. This, in turn, will affect a range of issues discussed in the Profiles, and could increase demand on services at a time of reduced funding for the public-sector (with a resulting impact on private and Third Sectors), e.g. mental health services; advice services; individuals' and families' at risk of homelessness, youth unemployment. However, it is important to reflect there will be different (and more positive) economic and employment opportunities in the city with some sectors projected to grow over time as part of the city's Economic Masterplan.
- *Technological Opportunities:* Several of the Profiles identify the improvements that might be brought about through technological development, both to improve individuals' health & well-being (e.g. Tele-Health and Tele-care) and to improve wider People-Place-Economy opportunities in the city, e.g. digital connectivity in the city; improving access channels.
- *Socio-Demographic Changes:* There are key demographic changes that will impact on the city in the longer-term. This includes the impact of the ageing population in the city, with an increased proportion of people aged 50+ in the city over the next 15 years. This is partly because people are generally living longer and are, at any given age, are healthier than previous generations, which is to be welcomed. However, the increase in the overall number of older people in the population has important consequences for the city (e.g. demands on health/social care provided; probably burden on carers; designing place around

the needs of this older population). Other social changes are likely to occur, e.g. reducing household sizes – and more people living alone – is likely to meet increased demands on different forms of housing; people wanting increasing choice over their care and support. Some of these changes are clearly gradual and long-term, though others impact more quickly, e.g. rising youth unemployment.

8 NEXT STEPS

In previous years and during 2011/12, Partners' processes for making commissioning decisions were not completely aligned (although the outcomes did align to the current Sunderland Strategy and to Partners strategic plans) Examples here are the TPCT Integrated Strategic and Operational Plan which links to key Council Work strands and the Safer Partnership's Strategic Information Assessment where we sought for a coherent approach to a limited number of priority areas within the five Responsible Authorities work programmes. During 2012/13 we will seek to strengthen the Sunderland Way of Working approach and deliver a comprehensive Sunderland Strategy refresh encompassing the priority areas for local Partners.

We have seen early progress in that the work undertaken to develop the JSNA in 2012 has already significantly influenced the development of the Sunderland Clinical Commissioning Group's Clear and Credible Plan, a fundamental requirement as part of their forward assurance process. This plan will come to the Board in early 2013

The coming years will see the continuation of a period of challenge for the City and all public, private, independent and voluntary sector partners in commissioning to achieve the desired Sunderland Outcomes Framework against a deteriorating financial and resource backdrop.

The Health and Wellbeing Board will wish to see alongside the JSNA, and underpinning the Health and Wellbeing Strategy, a clear prioritisation framework. This will allow them to consider and review partners' commissioning and decommissioning decisions and the impact they are likely to have on driving improved health and wellbeing outcomes and reduced inequalities. It will be essential that there are completed Equality Impact Assessments available for all areas where significant service change is deemed likely.

Members of the Board may wish to consider the prioritisation processes undertaken by the Safer Sunderland Partnership and its constituent members as a fundamental part of targeting the work programme for 2013 forwards. Consideration should be given to its inclusion within the Board Development Programme.

9 RECOMMENDATIONS

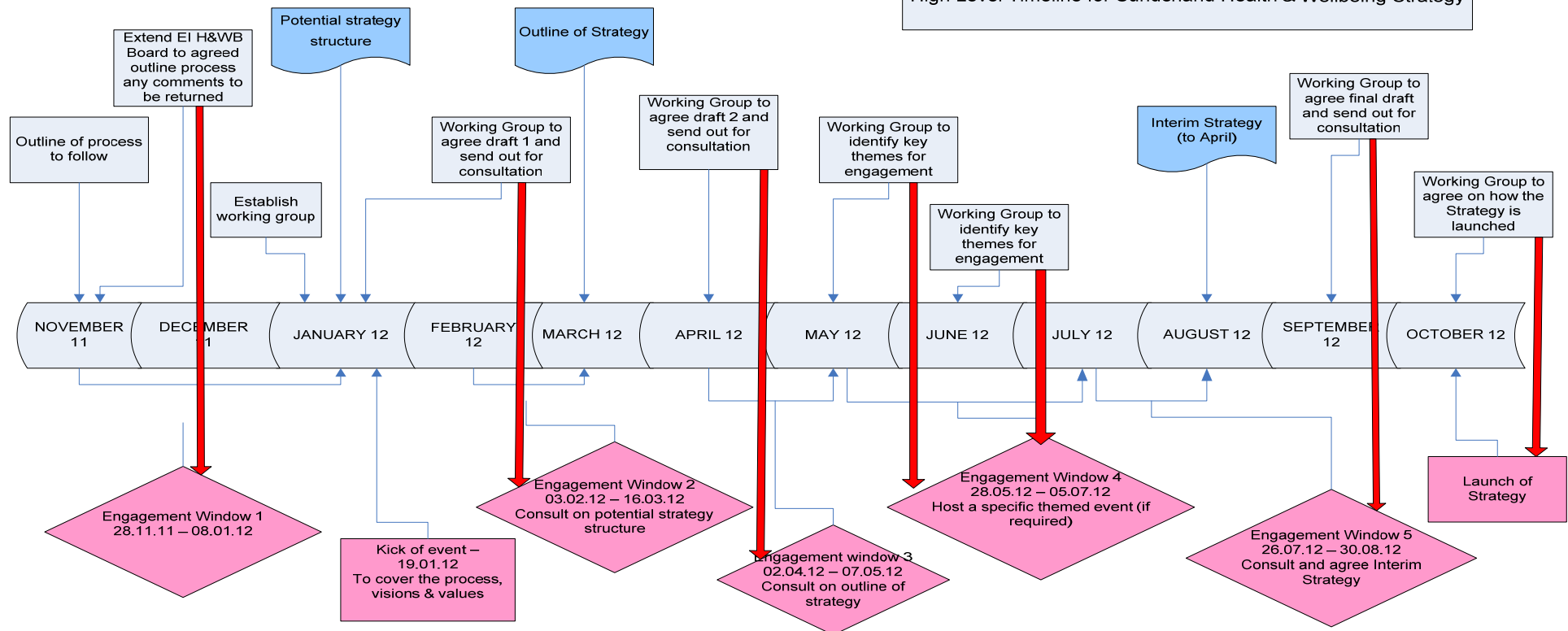
That the Health and Wellbeing Board

- approve the JSNA process undertaken
- approve publication of the profiles on Sunderland City Council website
- note the Health and Wellbeing Strategy development process and timeline
- Give consideration to the Safer Sunderland Partnership's Prioritisation processes within the Board Development Programme
- Review further work on prioritisation and equality impact assessment to underpin commissioning decision making during 2012 with particular reference to budgetary realignments which become unavoidable.

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Appendix 1

High Level Timeline for Sunderland Health & Wellbeing Strategy



Key:
 Engagement Windows consist of the following :
 - Meetings
 - Events
 - Emails
 - Phonecalls
 - Newsletters etc
 - Ladder of engagement
 - Community Spirit

The following Groups/Boards need to include the Strategy on their agenda throughout the process to give feedback and approval:

HWB Strategy Working Group	Officer Group
Voluntary/Community Sector Providers	Children's Trust
Adult Partnership Board	Transitional Executive Group
Sunderland Improvement Innovation Group (SIIG)	
Clinical Commissioning Group Board	Early Implementer HWB Board
EMT	Cabinet
Integrated Board	Scrutiny

Developing the Health & Wellbeing Strategy Framework

Position Statement

- Strategic Context
- Operating Environment
- Challenges
- Potential strengths/assets
- Reflections and conclusions

Opportunities & Aspirations

Vision & Outcomes

STRATEGIC OUTCOMES

Action Plans & Accountability

Commissioning

Delivery Mechanisms