

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH

<b>TO:</b>	Health and Wellbeing Board		
<b>DATE:</b>	18th March 2016	<b>AGENDA ITEM:</b>	9
<b>TITLE:</b>	Reading Joint Strategic Needs Assessment		
<b>LEAD COUNCILLOR:</b>	Councillor Hoskin	<b>PORTFOLIO:</b>	Health
<b>SERVICE:</b>	Public Health	<b>WARDS:</b>	Borough Wide
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#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To provide an update to Health and Wellbeing Board on the progress made to date on the redesign process with refreshed national and local data for the web based Reading Joint Strategic Needs Assessment (JSNA)
- 1.2 To share content of the web based Reading JSNA.
- 1.3 To ask the Board to recommend the JSNA to full Council for information and comment.

#### 2. RECOMMENDED ACTION

- 2.1 The Board is asked to endorse the proposal to move to in year JSNA updates
- 2.2 The Board is asked to recommend the JSNA to full Council for information and comment

#### 3. POLICY CONTEXT

From April 2013, the Health and Social Care Act (2012) introduced significant changes to the health and social care system. This meant a review of JSNA processes were necessary to ensure that the local system across Berkshire had the health and wellbeing intelligence it required in order to commission and provide the best services based on an evidence of need.

A new approach to JSNA was introduced by Public Health in Berkshire in 2013/14 and was subsequently endorsed by the Public Health Advisory Group and the six Berkshire

Health and Wellbeing Boards as the approach to be adopted by each Local Authority and their respective Clinical Commissioning Groups.

The Reading project plan to develop the JSNA in Reading was driven forward via a multi - agency steering group and project team. Key to JSNA development was:

- The need to make the JSNA accessible to a range of audiences - via an accessible web based format, with content that was easy to upload and download onto a newly created JSNA microsite; with pages and sections that that can be printed on demand and accessible via e.g. libraries and other community internet access points.
- The need to make the JSNA local and unique to each Authority
- The need to enhance the intelligence used within JSNA including a focus on locally sourced intelligence for both geographical application and for cohorts of customers. For instance Local authority level JSNA information was enhanced with individual ward profiles which provided the facility to use Ward Data in promoting and planning localised services and promote ward level conversations based on evidence of needs; and the needs of specific users e.g. those with autism or end of life.

The Reading Joint Strategic Needs Assessment (JSNA) has aimed to be the cornerstone of local needs assessment and commissioning. JSNA content has been used by partners in a variety of ways, including to:

- Inform the development of North and West Reading CCG and South Reading CCG 2 Year Operational Plan.
- Support discussions about the health needs of the population registered at Circuit Lane practice
- Engage providers and community organisations around links between mental health physical health and identify service gaps and unmet needs in mental health service provision in Reading
- Provide baseline information for local stakeholders as part of a Reading diabetes prevention scoping workshop
- Inform content of Reading's Better Care Fund submission as the basis for identifying the population need

Following a recent review which highlighted gaps in local intelligence significant work has been undertaken to maintain and build on a revised JSNA: building on the national data already published with local information; telling the Reading story and ensuring that robust intelligence drives assessment of local population health need and directly informs strategy and commissioning

An interim, high-level position statement on the health needs of the people of Reading has already been completed and was presented to the Reading Health and Wellbeing Board in October 2015. A data appendix was included within this position statement and provided an initial specification for the full JSNA dataset to be included in the new version.

#### **4. THE PROPOSAL**

RBC's Public Health Team has led the production of a comprehensive joint strategic needs assessment (JSNA) for 2016-19 to replace the current one. Staff reviewed and

supplemented existing JSNA text, along with updating appropriate national and local supporting statistical data.

Content development, review and sign off of a final few remaining JSNA sections is in progress - the Reading JSNA Programme has delivered the remainder of the redesigned JSNA, including a full refresh of data, new ward profiles and links to the Clinical Commissioning Groups (CCG's) profiles within agreed timescales.

Public Health Services for Berkshire continued to supply RBC with core JSNA national data sets. Further sources of information available were identified in consultation and co-production via RBC departments, North and West and South Reading Clinical Commissioning Groups (CCGs) and Reading Voluntary Action.

The RBC web team has led the on online presentation of the JSNA. The online look and feel of the JSNA has been enhanced with a content search facility and content enabled to be fully mobile e.g. accessible via smartphones and tablets. Language translation is now available on all pages. Content can be printed on demand and will continue to be accessible via e.g. libraries and other community internet access points.

Throughout the year individual JSNA modules will be reviewed following revised data, both national and local sets. This will ensure that the JSNA is updated as new data is released and reviewed appropriately before being uploaded onto the JSNA website.

Emerging from work on the full JSNA, the key health and wellbeing needs in Reading include:

- Poor life expectancy for men, and significantly worse early death rates from cardiovascular disease , with a 9.1 year difference in life expectancy between our least and most deprived wards,(this is average within its comparator group). Reading has high levels of preventable premature mortality and this is reflected partially in Reading showing low uptake of screening programmes in key area e.g. breast and bowel screening
- Higher levels of infectious disease with sexually transmitted infections and TB being national outliers. Linked to the latter (and early deaths in men) we also see higher levels of homelessness including families and higher rates of unemployment. Crime rates are also higher than expected
- Reading has a largely young population, 25% of population are under 20 and within our children we see significant impact of mental illness on our children's health. During primary school we see a doubling of rates of obesity and significant numbers of children have tooth decay. Reading has low levels of school readiness and in older children educational attainment in children who are eligible for free school meals is less than 50% of that seen in children not eligible, and we have higher than expected numbers of children not in education or training.
- Reading males show significantly higher rates of death as a direct result of alcohol, mainly alcohol associated cancers and chronic liver disease. Prevalence of opiate users is also higher than seen in similar populations.

The above JSNA priorities give a clear picture of Reading and where it is significantly different to England and its comparison authorities. However, there are other areas that may well be included in our Health and Wellbeing strategy such as social

isolation or promoting wellbeing since, whilst they are not significant outliers, have a broad impact and are a national service priority.

The current Reading Health and Wellbeing Strategy will have a rapid review to ensure that the strategic goals remain key and can demonstrate outcomes. At the same time work will commence on the next iteration of the Reading Health and Wellbeing Strategy. This will be directly supported by data from the new JSNA and will be developed in collaboration with local key stakeholders. The timeframe for the production of new version is by July 2016. This will also include strategy implementation plan which will support the ambitions and priorities for the Reading Health and Wellbeing Board. A “dashboard” of key performance indicators will be developed to enable robust and transparent progress monitoring of commitments and actions set out in the implementation plan.

## **5. CONTRIBUTION TO STRATEGIC AIMS**

The Phase 3 JSNA process supports the delivery of the requirement to conduct a JSNA to inform the Reading Health and Wellbeing Strategy and subsequent commissioning plans as set out in the Health and Social Care Act (2012).

## **6. COMMUNITY ENGAGEMENT AND INFORMATION**

A series of JSNA conversations with voluntary sector groups and forums have been undertaken. These have included the Reading Carers Steering Group, Older People’s Partnership, Access and Disabilities Steering Group, Physical Disability and Sensory Needs Partnership and Learning Disabilities Partnership Board. Conversations covered a high level presentation about what the JSNA is intended to achieve and key facts for Reading; input to what content group members want / expect to see and how they would like to use the JSNA; either generally or in relation to specific modules; and providing info on development timescales.

A presentation on the JSNA was given to the Voluntary Sector Wellbeing Forum on the 27<sup>th</sup> January 2016 and an article providing information on JSNA plans and encouraging contributions from the sector circulated via RVA News.

## **7. EQUALITY IMPACT ASSESSMENT**

Reading Borough Council must meet the Public Sector Equality Duty under the Equality Act 2010.

All sections of the JSNA were and will continue to be developed with an awareness of inequalities of health and the JSNA core data set will continue to be a key tool to support authors in identifying inequalities across and within chapter content.

JSNA content includes information relating to a number of the protected characteristics within the Equality Act, including age, disability and religion.

The JSNA also includes modules on vulnerable groups who are known to experience health inequalities, including carers, veterans and people with a learning disability.

## **8. LEGAL IMPLICATIONS**

The Health and Social Care Act 2012 gives duties to local authorities and clinical commissioning groups (CCGs) to develop a Joint Strategic Needs Assessment (JSNA) and to take account of the findings of the JSNA in the development of commissioning plans. This builds on requirements previously set out in the Local Government and Public Involvement Act 2007. The document is formally required to be signed by the Director of Public Health, Director of Adult Social Services and Director of Children's Services.

The aim of the JSNA is to accurately assess the current and future health and care needs and assets of the local population in order to improve physical and mental health and wellbeing of communities and to reduce health inequalities within and between communities. The JSNA underpins Health and Wellbeing Strategies, and these will form the basis of commissioning plans.

## **9. FINANCIAL IMPLICATIONS**

None identified

## **10. BACKGROUND PAPERS**

Reading Joint Strategic Needs Assessment position statement (October 2015)