

ROTHERHAM BOROUGH COUNCIL – REPORT TO Adults Social Care Cabinet Member

1.	Meeting:	Cabinet Member for Adults Social Care
2.	Date:	7th November 2011
3.	Title:	Joint Strategic Needs Assessment
4.	Directorate:	Neighbourhoods and Adult Services

5. Summary

Since April 2008, Local Authorities and Primary Care Trusts are under a statutory duty, under the Local Government and Public Involvement in Health Act to produce a Joint Strategic Needs Assessment (JSNA) which establishes the current and future health and social care needs of the Rotherham population. It informs the strategic priorities and targets which in turn informs commissioning priorities with a view to help improve outcomes and reduce health inequalities.

The refreshed, Rotherham's Joint Strategic Needs Assessment will be made accessible through the Rotherham MBC and NHS Rotherham internet and intranet sites from October 2011. This was produced by the Joint Commissioning Team working in collaboration with various key partners in Local Authority, Health and the Voluntary and Community sector.

6. Recommendations

It is recommended that Cabinet Member;

- Note the completion of the Joint Strategic Needs Assessment refresh programme of work.
- Note the key conclusions that are emerging from the assessment of needs.
- Endorse the Refresh Rotherham JSNA 2011.

7. Proposals and Details

7.1 Why we need a JSNA

The Operating Framework for the NHS in England 2008/2009 refers to the importance of the JSNA in informing PCT Operational Plans. The JSNA underpins a number of the World Class Commissioning competencies and forms the basis of the new duty to co-operate. This partnership duty involves a range of statutory and non-statutory partners, informing commissioning and the development of appropriate, sustainable and effective services.

7.2 The Refresh Programme

The first Rotherham JSNA was produced in 2008. Good practice suggests that a refresh of the JSNA is important to ensure that the accuracy and validity of Rotherham's population needs assessment information is maintained. It is recommended that a refresh is undertaken within the first 3 years of producing a JSNA. Adults Board agreed for the refresh programme of work to be led and co-ordinated by the joint Commissioning team on its behalf.

This work began in autumn of 2010. The completion date was extended to 2011 due to changes within both NHSR and the Council therefore creating an opportunity for a much more comprehensive update to be undertaken. To progress the refresh programme a task and finish group was set comprising of key officers pertinent to the sections within the Rotherham JSNA. This ensured that the most appropriate service areas were fully engaged in leading the refresh of their respective data and information. Key representation included Alex Henderson (NHS Intelligence), Ruth Fletcher-Brown (Public Health), Miles Crompton (Policy), Shafiq Hussain (Voluntary Action Rotherham), Mel Daniels (Commissioning), and Deborah Johnson (CYP), each taking a lead role in revising and updating information within their area.

A brief consultation exercise carried out with key officers most likely to use the JSNA across the Health, Council and the voluntary sector suggests that the main areas of concerns as regards to the current JSNA are:

- Access to the document
- Navigating through the document
- Reliable & up to date information

To address these concerns the refresh JSNA, which now extends to approximately 350 pages has been updated and redesigned to take the form of an interactive online resource available via four websites - RMBC, NHSR, VAR and LASOS (South Yorkshire). A printable version will also be made available upon requests from October 2011.

The design and format of the refresh JSNA will act as an up to date platform to support the development the borough wide strategic needs assessment. It is also sufficiently versatile to support ongoing updates and addition of new areas of assessments.

7.3 Emerging Needs

- The key demographic issue facing Rotherham is the ageing population. With healthy life expectancy rising slower than life expectancy, the increased number of people aged 85+ puts growing pressure on health, social care, informal care and supported housing. Growing numbers of older people are living alone which increases the likelihood of need. There will not be enough informal carers to meet the needs of the growing older population, the average age of carers is rising and some are disabled themselves. Demand for services used by older and disabled people is rising so it is vital that the Council, NHS and partners respond to this.
- Another demographic issue is the growing ethnic diversity of Rotherham which has changed the community and customer profile, particularly for children and young people's services, and in the inner areas. Agencies need to be sensitive to different cultural needs and address barriers which make it difficult for some people to access services. New migrant communities in particular need help in understanding what services are available and in overcoming language barriers.
- The gap between the most deprived areas of Rotherham and the rest of the Borough is growing and mainstream funding needs to be targeted to address health, education and employment deprivation in particular.
- For housing, key issues are maintenance of existing stock and major structural repairs needed. The poorest housing condition tends to be in the private sector so working with home owners and landlords is vital. Energy efficiency in housing is crucial to meeting climate change targets, both in providing zero carbon new homes and more crucially improving the efficiency of the existing housing stock.
- High levels of unemployment and long term sickness are a major factor in Rotherham with rates now back where they were 10 years ago. Support for people to find work is needed, especially for the long term workless.
- The scale of lifestyle risk factors in Rotherham means that health and social care agencies need to work effectively with people to promote healthier lifestyles e.g. changing their patterns of exercise, diet, smoking and alcohol consumption. From a service provision perspective, programmes that increase people's healthy life expectancy have the potential to substantially improve the increased demand for services that would otherwise come from an aging population.
- Rotherham has the second highest rate of Accident & Emergency admissions in the region. Continued partnership between health and social care services is also essential to reduce this number. There are increasing numbers of people in Rotherham living with long term conditions and there is work to be done to promote healthier lifestyles with regard to preventing type 2 diabetes.
- Cancer deaths are above the regional and national averages and demand for radiotherapy services is expected to increase over the next 10 years.

- There is a need for mental health services to work in partnership, firstly to raise the awareness of mental health services available and secondly, to ensure that fewer people experience stigma and discrimination when accessing services.
- A significant number of improvements have already been achieved to realign and extend Older Peoples Mental Health Service in order to meet the changing needs of Rotherham's population. The main challenge is the development of an effective community service which promotes independence, maintains cognitive function, and prevents secondary conditions whilst supporting carers.
- There is a need to reduce health inequalities in terms of mental health related hospital admissions where deprivation and unemployment may be a factor.
- A key challenge for health and social care services is to respond to the increasing demand proposed by people living with learning disabilities for longer. As the needs of people living with learning disabilities are greater than those of the general population, services should be prepared for providing quality care by avoiding diagnostic overshadowing. Furthermore, a growing number of BME service users will require services which meet their cultural and spiritual needs.
- The seasonal flu immunization is of great importance to those who may be considered most vulnerable especially during the winter months.
- The uptake of Long Acting Reversible Contraceptives (LARC) is essential for reducing the teenage pregnancy rate in Rotherham due to their high rates of effectiveness and convenience.
- Various consultation highlighted high levels of satisfaction with many of the services delivered by both NHS Rotherham and Rotherham MBC. The challenge is to develop public and patient engagement so that both organisations can maintain a regular dialogue with service users and carers while implementing significant changes to the way we deliver services.
- Education and skills, health and disability and employment all impact on child poverty in Rotherham. Parents of disabled children should be supported in making the best possible choices for their child's health and social care needs. There is a need for more promotional literature about what services are currently available in order to make this happen.
- Deprivation and education & skills are highly correlated and there is need to increase the skill base of Rotherham's school leavers. A further need for children is to detect more cases of diagnosable mental health disorders due to the large disparity in diagnosis by ward.

7.4 Summary

These are the key issues for Rotherham MBC and NHS Rotherham which will need to be considered over the next 5 years.

- The impact of an ageing population.
- The most effective way to promote healthy living initiatives such as increasing physical activity and exercise, nutritional diet and raising awareness of risks of smoking and alcohol consumption
- The most effective way to reduce the gap between healthy and actual life expectancy
- The most effective way of increasing the independence of people with life limiting long-term conditions
- The most effective way of increasing independence, choice and control for people suffering with dementia and the development of new service models to address this effectively in the future
- The effectiveness of using preventative strategies to save future care costs
- Services created to refelcet the changes in the demographic profile of the learning disability population

7.5 Service User Engagement

The Joint Commissioning team carried out a programme of service user / carers and stakeholder engagement as part of the refresh programme. The following key meetings were held as part of this action:

- Carer's Forum - May 2011
- ROPES(Rotherham Older People Experiencing service) - May 2011
- Voluntary Action Rotherham - May 2011
- Magna Event - Oct 2010
- 'Adding Quality , Adding Value', event - Autumn 2010

It is accepted that this area of the JSNA as whole could be strengthened further and therefore feature as a priority within the action plan following the refresh programme.

7.6 Next Steps

As the refreshed JSNA is indented to be a live, continually evolving document it is recommended that the following key steps could be taken to further enhance assessment & analysis information:

- Service user engagement – User perspective
- Deep and narrow analysis of key areas of suspected inequalities locally
- Migrant population
- Assessment and analysis of Assets.

8. Finance

The JSNA is produced internally by RMBC and NHS Rotherham using mainstream resources. The JSNA will have financial consequences in that some of the needs identified have cost implications for services, such as rising demand from vulnerable older and disabled people for social and health care.

The PCT and Local Authority face very challenging years ahead in achieving financial balance. This is before the impact of an ageing more demanding population

takes effect. Before any consideration is given to further investment in any of the key areas highlighted above thought should be directed to the programme of disinvestment that will need to be achieved simply to keep the PCT and Local Authority in financial balance.

9. Risks and Uncertainties

The key risks associated with the JSNA refresh programme of work are;

- Some inconsistency in engagement from service areas following publication of the document
- A change to the current national core data set as recommended by DoH guidance is limited
- Limited user and stakeholder consultation feedback

These risks elements have been reduced by project managing the various activities within the refresh programme and delegating responsibilities to key officers across the Council, Health and Voluntary sector. Key officers could be supported by respective service areas to maintain link with the new team responsible for maintenance of the JSNA. Whilst such risk can be minimised, current changes within service structures impacting on staffing resources and skills will remains a key risk.

The JSNA does not cover every aspect of need and data is always subject to change over time. The JSNA is an evolving document and should be used in conjunction with other data to gain the most accurate picture of need. Other needs assessments such as the JSIA, LEA and CYPS Audit of Need cover areas of need outside the remit of the JSNA and reference to these may provide a fuller picture of local trends.

10. Background Papers and Consultation

- JSNA Main Report: Rotherham MBC and NHS Rotherham Intranet and Internet sites.

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