

<b>1.</b>	<b>Meeting:</b>	<b>Cabinet</b>
<b>2.</b>	<b>Date:</b>	<b>7<sup>th</sup> December, 2011</b>
<b>3.</b>	<b>Title:</b>	<b>2008 Joint Strategic Needs Assessment Refresh</b>
<b>4.</b>	<b>Directorate:</b>	<b>Resources Directorate</b>

## **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 serves as a repository of key sets of data in accordance with guidelines stipulated by the Department of Health. It informs the strategic priorities and targets which in turn inform commissioning plans with a view to support the delivery of improved health and social care outcomes and reduce health inequalities.

The refreshed program of the Rotherham's 2008 JSNA was identified as a key work stream for the year 2010-2011 within the Joint Commissioning work plan remit and was agreed through the Adults Partnership Board. The 2008 JSNA has now been updated; first stage of the JSNA refresh process, to ensure that good quality and up to date information are current and accessible. The updated version is now accessible through the Rotherham MBC and NHS Rotherham internet and intranet sites as recommended through the Adults Partnership Board in September 2011.

## **6. Recommendations**

It is recommended that Cabinet

- 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.

## **7. Proposals and Details**

### **7.1 Why we need a JSNA**

Information captured through the Rotherham's JSNA process enables commissioners to understand their communities and draw conclusions as well as consider specific areas of needs to carry out more in - depth analysis thus taking a narrower and deeper approach.

### **7.2 The Refresh Programme**

The first Rotherham JSNA was produced in 2008. Good practice suggests that a refresh within the first 3 years of the JSNA is important to ensure that the accuracy and validity of Rotherham's population needs assessment information is maintained. The Adults Partnership 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. Each representative took a lead role in revising and updating information within their area. As the principle objective of this task was to update the existing 2008 JSNA document a desk top exercise ensued.

The JSNA refresh programme also presented an opportunity to promote its usage and access by services across the health / social care and the voluntary sector. Barriers and concerns had been identified by various key services as follows:

- Difficulties in access to the document
- Ability to navigate through the extensive document
- The reliability & rapidly out dated sets of 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 is also available upon requests however the document can be downloaded independently and selected section printed.

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 which is the Integrated Needs Assessment. It is also sufficiently versatile to support ongoing updates and addition of new areas of assessments. As the

Rotherham's 2008 JSNA is based on the DoH core dataset the first refresh of the document has been undertaken using a desk top approach to prioritise data update and therefore all consultation undertaken during this process have been linked only to data validation..

### **7.3 Conclusions and 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 with learning disabilities living 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

As this refresh programme focussed principally on updating current data all consultation exercise focussed on the core dataset information. It is accepted that this area of the JSNA as whole will be strengthened further and that this features as a priority within the action plan to be implemented after refresh programme completion.

#### **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.

Furthermore the new guidance and best practice toolkit entitled: ‘Joint strategic needs assessment: a springboard for action’ produced by Local Government (LG) Improvement and Development sets out new requirements for Local Authorities through the Health and Wellbeing Boards pertinent to the further enhancement of local needs assessment. It encourages the development of common themes and coherent single needs assessments for all services as well as the opportunities to maximise investment locally. Integral to the process is the inclusion of key areas such as Arm forces covenant, local assets evaluation, stronger balance between quantitative analysis around local health and local views on what should be prioritised. It is expected that the application of the best practice toolkit to further enhance the Rotherham JSNA coupled with development and participation of HealthWatch alongside the Integrated Needs Assessment will ensure a holistic approach to Needs Analysis in Rotherham.

## **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 remain 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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