

COUNCIL SEMINAR 18th February, 2014

Present:- Councillor Wyatt (in the Chair); Councillors Atkin, Barron, Beck, Burton, Dalton, Dodson, Ellis, Godfrey, Gosling, Goulty, Hoddinott, Jepson, Johnston, Kaye, Pickering, G. A. Russell, Sharman, Sims, Smith, Watson, Swift and Wootton.

Apologies for absence were received from Councillors Ali and Beaumont.

JOINT STRATEGIC NEEDS ASSESSMENT - UPDATE.

Councillor K. Wyatt, Cabinet Member for Health and Wellbeing, welcomed all present to the Seminar. Chrissy Wright (Strategic Commissioning Manager), Miles Crompton (Policy Officer) and Sarah McCall (Contracting Officer) had attended the Seminar to deliver an update on how Rotherham's Joint Strategic Needs Assessment (JSNA) was progressing.

Councillor Wyatt spoke about the flexible nature of the JSNA and how there had been areas that had not been covered in the original document. These included domestic abuse and eye health, and links to the needs of emerging Roma and the Lesbian, Gay, Bisexual and Transgender communities. These had now been embedded into the document.

Chrissy Wright outlined the statutory role of the JSNA: -

- The Local Authority and the NHS had a duty to assess the needs of the local population under the Local Government and Public Involvement in Health Act (2007): -
 - Rotherham had conducted a JSNA in 2008 and 2011.
- The Health and Social Care Act (2012) stated that: -
 - Health and Wellbeing Boards were responsible for the JSNA;
 - JSNAs should inform Health and Wellbeing Strategies;
 - JSNAs should guide commissioning and service delivery.

In 2011 the JSNA was a fixed document. This meant that: -

- A large time commitment was needed to produce the Assessment;
- It was soon out-of-date;
- It was not possible to add or delete information;
- The print-run for the document was a significant cost.

The Health and Wellbeing Board had agreed a 'live' approach to the JSNA process: -

- On-line accessibility;
- Links and downloads could be added to the JSNA's usability;
- It could be regularly updated and revised;

- New content could be added when identified. Recent additions included domestic abuse, transport and the environment;
- Less time burden was required to bring it together.

A summary of the key issues within Rotherham's JSNA included: -

- An aging population was placing demands on services;
- The oldest age group had many people who were experiencing loneliness;
- Increased numbers of people aged 75 and above were living alone;
- There were high rates of disability and long-term conditions;
- There had been an increase in people with learning disabilities;
- Care needs were rising faster than the availability of carers;
- Rotherham had a growing ethnic diversity and a new migrant population;
- High levels of worklessness were in evidence, particularly for young people;
- There were rising levels of poverty, debt and crisis.

A demonstration of Rotherham's JSNA, which is openly available on-line, was shared: -

www.rotherham.gov.uk/jsna/

Discussion ensued during the demonstration, and the following points were raised: -

- Searching the JSNA for themes and topics of interest;
- A directory of assets would be added to the JSNA;
- Comprehensive consultation with stakeholders had taken place;
- The JSNA was structured to show seven key areas for clarity. These included: -
 - People;
 - Places;
 - Economy;
 - Staying safe;
 - Healthy living;
 - Ill health;
 - Services.
- Trends and predictions were also available through the JSNA;
- The JSNA would be used to inform commissioning;
- The JSNA acted as an 'attention raiser' for services and agencies;
- Ongoing updates and comments were accepted.

Discussion ensued, and the following points were raised: -

- **In a time of growing poverty and continuing cuts, was the JSNA an 'information-only' document, or did it have useful applications?** – The JSNA was the collection of evidence-based needs and highlighted the priorities that public bodies needed to address. The JSNA was also used as a tool for prevention and early intervention and for ensuring that value for money was achieved by focussing resources towards the greatest need;
- **Some of the information about health conditions could be general and not very detailed** – All areas of the JSNA that included summaries about health conditions would be updated regularly to ensure that they contained the correct information and contained useful links to external information and sources of help. A quarterly update of the JSNA would ensure that the information from 2011 was updated for 2014 and going forward;
- **Was Ward and area specific data available on the website, in particular information relating to life expectancy?** - Yes, statistical information was included in the JSNA, and there were also links to the information provided by the Office for National Statistics. Information about life expectancy in Rotherham was included under the 'health inequalities' section.

Councillor Wyatt thanked all for attending and thanked the Officers for their informative presentation and contribution to the discussion.

Resolved: - (1) That the information shared be noted.

(2) That the information pages of the Joint Strategic Needs Assessment relating to mental health are reviewed and the information contained on them is revised.