

Joint Strategic Needs Assessment (JSNA) Update

Summary

1. This report provides the Board with an update on York's Joint Strategic Needs Assessment; specifically around work undertaken on some specific topic areas.
2. The Board are asked to note the update and agree the recommendation at paragraph 33 of this report.

Background

3. Under the Health and Social Care Act 2012, all Health and Wellbeing Boards are under a duty to prepare a Joint Strategic Needs Assessment; in York this is jointly led by City of York Council and NHS Vale of York Clinical Commissioning Group. The York JSNA, first developed in 2012, is subject to regular updating, as well as ongoing further investigation into areas of strategic importance. The JSNA is available to view at www.healthyorke.org
4. The Health and Wellbeing Board (HWBB) has committed to receive regular updates on how work on the JSNA is progressing.

Main/Key Issues to be Considered

5. At their meeting in July 2013 Health and Wellbeing Board received a report on [reviewing the JSNA](#). This suggested a light refresh of the JSNA (now complete and also brought online) and the following five needs assessments (deep dives):
 - Mental health
 - Young People
 - Frail Elderly
 - Gypsies and Roma Travellers
 - People in Poverty

6. In October 2014 Health and Wellbeing Board received a further [update on the JSNA](#) including a proposal for an 18 month plan for further needs assessments (deep dives) – additional topics were alcohol, falls, self harm, learning disabilities, student health and autism) which they subsequently approved.
7. The JSNA Steering Group, due to resourcing issues and capacity to analyse findings agreed to halt the programme of deep dives committing only to completing those deep dives that have already commenced. As reported at the December 2015 HWBB meeting this steering group will now be dissolved and replaced with a new JSNA/Joint Health and Wellbeing Strategy who will lead this work going forward.
8. To ensure that all findings are reported back to the HWBB the table below sets out progress made to date on the individual deep dive areas.

Topic	Status
Mental Health	Complete
Young People	Complete
Frail Elderly	Complete
Gypsies and Roma Travellers	Complete
People in Poverty	Complete
Alcohol	In progress
Falls	Not progressed
Self Harm	In progress
Learning Disabilities	In progress
Student Health	Not progressed
Autism	Not progressed

9. Each of the deep dive pieces of work has been supported by a time limited steering group.

In addition to this for some of the deep dive pieces of work public engagement events were held to discuss the findings and/or to gather evidence/information for inclusion in the piece of work. More in depth updates on some of the specific topic areas are set out below and within the attached annexes.

10. Poverty: The deep dive work around poverty acknowledged that there were many interventions already taking place in the city which impacted on poverty. Key findings were:
 - there is a strong correlation between deprivation and lower life expectancy
 - continued rise in housing costs
 - whilst overall levels of unemployment are falling, in-work poverty is a growing issue
 - long term unemployment remains a problem in certain areas

11. At an engagement session held in July 2014 delegates also raised the following:
 - understanding and responding to poverty
 - support, information and advice
 - employment
 - wage structures
 - living wage
 - increased opportunities
 - childcare
 - constraints caused by childcare provision
 - housing
 - increase the amount and range of affordable housing
 - council tax support payments

12. A more comprehensive update on poverty work and comment on feedback received at the engagement event is at **Annex A** to this report.

13. Mental Health: There were a number of key findings arising from this work:
 - Adopt locally appropriate recommendations from the Department of Health's 'Closing the Gap: Priorities for essential change in mental health' report

- Increase community based services which keep people with mental health conditions out of hospital
- Jointly scope options to increase the provision and support arrangements for supported living for people with mental health needs
- Share information between GPs and CYC about people with a learning disability
- Improve the percentage of people with a learning disability who receive an annual health check
- Improve IAPT service provision
- Develop our local understanding of self-harm

14. An engagement session was held in December 2014 with the following themes being discussed:

- Collaborative working
 - housing support arrangements;
 - integration of support for mental and physical health needs in treatment settings;
 - access to services and support (including peer and community led support)
 - information sharing arrangements
- Self harm *[this later became a 'deep dive' piece of work in its own right and is reported on elsewhere in this report]*
 - understanding what self harm is and the scale of it
 - understanding what are effective interventions for self harm
 - provision on appropriate information, interventions and access to services to reduce frequency of self harm and to prevent its occurrence
 - building resilience in people and communities
 - joint multi-agency approach to risk management and support arrangements
- Recovery
 - development of an evidence base around recovery
 - provision of support arrangements in flexible and accessible ways
 - employment support
 - reduce stigma around mental health issues

- Crisis Care and Crisis Response
 - provide access to support networks to those with mental health problems
 - invest in mental health support arrangements with increased community involvement
 - provision of information and support to help people manage a crisis better or to help prevent a crisis
 - develop local arrangements to provide crisis support with community settings
 - Parity of Esteem
 - raise the profile of the parity of esteem issue locally
 - improve holistic approaches to meeting both mental and physical health needs
15. A more comprehensive update on mental health work and comment on feedback received at the engagement event is at **Annex B** to this report.
16. Frail/Elderly: There were a number of key findings arising from this work:
- Ageing population – York’s population in 2020 and 2035 is predicted to have a slightly higher percentage of people aged over 65 and over 85 than both regional and national projections. In 2020, 3.1% of York’s population is predicted to be made up of people aged 85 or over compared to 2.8% of the English population and 2.7% of the Yorkshire and Humber region population.
 - Falls – Injuries due to falls in people over 65 years old are higher in York than the England average even though this has been slightly reducing over the last few years
 - Cardiovascular disease – Across NHS Vale of York Clinical Commissioning Group (CCG) the prevalence of coronary heart disease is higher than the England average rate. In 2012-13 it affected 3.7% of the CCG population compared to the England average of 3.3%
 - Sensory impairment – York has higher rates of preventable sight loss than both regional and national averages
17. An engagement session was held in January 2015 with the following themes being key to the feedback received:

- Preventing hospital admissions
 - Communication, information sharing and record keeping
 - Voluntary sector involvement
 - Preventing loneliness
 - Falls prevention
 - Exercise referral
 - Utilising and recognising skills of a range of staff
 - Community development
 - Choice for service users and flexibility in service provision
 - Supporting independence
 - Reducing delayed hospital discharges
 - Capacity in service provision
 - Meeting needs of older adults who identify as LGBT
18. A more comprehensive update on the frail/elderly work and comment on feedback received at the engagement event is at **Annex C** to this report.
19. Young People: This piece of JSNA work was focused on attendances at A&E in children under 5 and was incorporated into a similar piece of work being led by the Vale of York CCG to avoid duplication.
20. Gypsies and Roma Travellers: A needs assessment was carried out that indicated that overall, the Gypsy and Roma Traveller community in York experience significant deprivation, social exclusion and unequal access to services. Research consistently indicated that average life expectancy for this community is approximately ten to twelve years below the rest of the population. There is a high level of need in relation to health and wellbeing for this community.
21. Alcohol: Some work has already been undertaken on an alcohol health needs assessment and an early draft of an alcohol strategy has been produced. Some of this information is now out of date and so a review is being undertaken to refresh this where necessary. The intention is to produce a draft Alcohol Strategy that will be presented to the Board in due course.
22. Self Harm: This piece of work is almost complete and a draft is due to be presented to the Mental Health and Learning Disabilities Partnership Board at their meeting in January 2016. Early findings indicate that self harm is not routinely or consistently identified or

recorded; identification of need and access to support could be improved; opportunities to increase the focus on prevention need to be explored and self harm is not age specific but more prevalent in the 15-24 year age group.

23. Learning Disabilities: This piece of work is well underway and the Mental Health and Learning Disabilities Partnership Board held two engagement events in relation to this in September 2015. Work is underway to draw the findings and needs assessment together and these will be presented to the Mental Health and Learning Disabilities Partnership Board. A follow up engagement event will be hosted by the Partnership Board in 2016.
24. Recommendations: In addition to this a number of recommendations were made as part of the general light refresh of the JSNA. A summary of progress made against these is at **Annex D** to this report.

Consultation

25. Consultation and engagement has taken place as and when required. Engagement events have been held as part of most of the topic specific in depth needs assessments. In addition to this voluntary sector and patient voice sit on the current JSNA Steering Group; these will be retained within the newly established Steering Group.

Options

26. Health and Wellbeing Board are asked to note the contents of this report and its annexes and ensure the updates are taken into consideration when renewing the Joint Health and Wellbeing Strategy during 2016.

Analysis

27. All findings from the JSNA light refresh and the specific deep dive pieces of work will be taken into consideration as part of the work to develop a new Joint Health and Wellbeing Strategy for the city.
28. The findings put forward in this report and its associated annexes will help with establishing a collective view of where the focus of both the JSNA and the Joint Health and Wellbeing Strategy should be. Going forward the JSNA should be a reference for commissioning cycles and a key document to be used for informing

the development of the new Joint Health and Wellbeing Strategy for the city.

Strategic/Operational Plans

29. The Health and Wellbeing Board have a statutory duty to produce both a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy.

Implications

30. There are resource implications associated with delivering such a complex project. Currently the resources we do have are shrinking and the burden of work to undertake the JSNA is not evenly distributed. Each stakeholder around the HWBB table will need to agree a set of joint priorities, take ownership of them and commit resources to tackling these.
31. Going forward the establishment of a new JSNA/Joint Health and Wellbeing Strategy Steering Group will manage requests for future in depth needs assessments and ensure that any that are taken forward are both necessary and adequately resourced.

Risk Management

32. The production of a JSNA and a Joint Health and Wellbeing Strategy are statutory responsibilities for the HWBB. Delivering against both is resource intensive and needs to be managed to ensure a fit for purpose JSNA and Joint Health and Wellbeing Strategy are produced.

Recommendations

33. Health and Wellbeing Board are asked to note the contents of this report and its annexes and ensure the updates are taken into consideration when renewing the Joint Health and Wellbeing Strategy during 2016.

Reason: To update the Board on progress made with the JSNA

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**Report
Approved**



Date 07.01.2016

Tel: 01904 551714

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Joint Strategic Needs Assessment - www.healthyyork.org

Annexes

Annex A – Update on poverty JSNA work

Annex B – Update on mental health JSNA work

Annex C – Update on frail/elderly JSNA work

Annex D – Update on JSNA recommendations