
Health Overview & Scrutiny Committee

24th January 2011

Report of the Assistant Director – Legal, Governance & ITT

Executive Referral – Joint Strategic Needs Assessment

Summary

1. This report asks Members to consider a referral made by the Executive via Scrutiny Management Committee in relation to the Joint Strategic Needs Assessment. The Interim Director of Public Health will be in attendance to give a presentation on this document.

Background

2. At a meeting in September 2010 the Executive were presented with a paper on the Joint Strategic Needs Assessment (JSNA) by the Interim Director of Public Health and the Director of Adults, Children & Education. Which stated:

‘The Joint Strategic Needs Assessment is a process that identifies current and future health and wellbeing needs of a local population, informing the priorities and targets and leading to shared commissioning priorities that will improve outcomes and reduce health inequalities.

The Local Government and Public Involvement in Health Act (2007) places a duty on upper tier authorities and Primary Care Trusts (PCTs) to undertake Joint Strategic Needs Assessment (JSNA). Specifically the expectation is that the Directors of Adult Services, Children’s Services and Public Health should jointly lead the process, in collaboration with Directors of Commissioning and should be responsible for presenting the findings and recommendations.’

3. A copy of the Executive Report dated 21st September 2010 and the JSNA are at **Annexes A & B** to this report and are available for viewing online.
4. On consideration of the information at **Annexes A & B** to this report the Executive resolved that:
 - i. That the findings of the 2010 Joint Strategic Needs Assessment be accepted.
 - ii. That the implementation of the JSNA be supported by:
 - a) Ensuring that the data and analysis contained within it are used to influence the next Corporate Strategy and relevant Directorate Plans;

- b) Asking the Healthy City Board, as a sub-board of the Without Walls Local Strategic Partnership, to ensure that the partnership recommendations are fully implemented; and
 - c) Referring the report to the Scrutiny Management Committee, with the suggestion that they may wish to arrange for the content of the report to be considered by the relevant scrutiny committees.
5. The referral was subsequently considered by Scrutiny Management Committee at their meeting on 6th December and it was resolved:
- i. That the Joint Strategic Needs Assessment be referred to the Health Overview and Scrutiny Committee.
 - ii. That the Chair of the Health Overview and Scrutiny Committee be requested to invite all scrutiny members to listen to any presentation given and be offered the opportunity to ask questions.

Consultation

6. The JSNA was developed under the remit of the Healthy City Board which includes key City of York Council Members, officers and partners including NHS North Yorkshire & York, York Hospitals Foundation Trust, York Health Group, the voluntary sector, patient representatives and York St John University.

Options

7. This report is for information only and there are no specific options for Councillors to consider. However, they may wish to use the document to identify potential topics for future scrutiny reviews.

Analysis

8. The JSNA states that generally the health and well being of the residents of York remains very good in relation to the rest of the country. However there are still inequalities in the determinants and outcomes of health for vulnerable groups and unhealthy lifestyles still impact on a proportion of the population. The key messages from the JSNA are as follows:
- We need to understand and adapt to changing ethnic populations
 - Community cohesion is strong for many groups including older people and those with disabilities
 - Low proportions are concerned about drunkenness or drug use
 - Deprivation is low overall and getting lower and there are low levels of children in poverty
 - Levels of homelessness are reducing
 - A minority of areas experience deprivations, lower levels of cohesion and fuel poverty

- Although the recession has had an impact on York, it is less than elsewhere
 - We see very positive education results at all ages and the gap in attainment is closing
 - Fewer people smoke than elsewhere in the region. Deaths due to smoking are lower than the national average and reducing.
 - York compares well on healthy eating but there is still more to be done.
 - The picture on alcohol is mixed with local levels, although good in comparison to national rates, higher than we would like.
 - Recent figures suggest improvements in physical activity levels for adults.
 - Teenage pregnancy rates are improving
 - Although childhood obesity levels are improving at reception age, we have seen a slight increase at Year 6.
 - Overall death rates are low but there remain differences in life expectancy for those in the most deprived areas, particularly men.
 - Death rates from coronary heart disease, stroke and cancer are all better than national averages and have fallen substantially over the last 13 years.
 - Respiratory disease appears to be reducing in men, but rates for women remain around the national average.
 - Dental health is relatively good for adults and children, but there remain concerns around access.
 - We have a better collective understanding of the numbers and needs of people with physical and sensory impairment and those with learning disabilities in York.
 - It is estimated that around 36,000 people in York have mental health problems. There are predicted to be large increases in the number of people with dementia.
 - More older people are helped to live at home in York than the national average, but access to intermediate care remains a priority.
 - More carers are involved in planning services.
9. As can be seen from the list above and the information contained within **Annexes A & B** to this report the JSNA is predominantly concerned with health inequalities, however these are affected by a number of different determinants which may fall within the remit of more than just the Health Overview & Scrutiny Committee (OSC). The JSNA is, therefore, a document that could potentially be used by several of the standing scrutiny committees to identify areas of concern and topics for further review.
10. The Health OSC had already scheduled a presentation on the JSNA into their work plan for 24th January 2011. In light of this SMC agreed to refer the JSNA

to the Health OSC asking that scrutiny Members from all of the standing scrutiny committees be invited to attend to listen to and ask questions on the presentation.

Corporate Priorities

11. This report is linked to the 'Healthy City' theme of the Corporate Strategy 2009/2012:

'We want to be a city where residents enjoy long, healthy and independent lives. For this to happen we will make sure that people are supported to make healthier lifestyle choices and that health and social care services are quick to respond to those that need them.'

Implications

12. There are no financial, human resources, legal or other implications associated with the recommendations within this report. However, should any of the scrutiny committees choose to undertake a review then implications might arise. These would be addressed as part of the review process.

Risk Management

13. Whilst the production and approval of a JSNA may not in itself present considerable risks, the use of the document to inform scrutiny reviews may lead to the identification of other risks.

Recommendations

14. Members are asked to receive the presentation on the Joint Strategic Needs Assessment.

Reason: To address the Executive referral in relation to the Joint Strategic Needs Assessment

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Report Approved

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Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

As below

Annexes (online only)

- Annex A** Executive Report 21.09.10 - Joint Strategic Needs Assessment for York
- Annex B** Joint Strategic Needs Assessment