

HEALTH AND WELLBEING BOARD PAPER PUBLIC MEETING

Report of: Greg Fell, Director of Public Health

Date: 30th March 2017

Subject: Updating the Joint Strategic Needs Assessment

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Summary:

This paper reports on the progress made with implementing changes to updating, maintaining and using the Sheffield Joint Strategic Needs Assessment (JSNA), as agreed at the Board's meeting 31st March 2016.

It notes that the two key actions of incorporating an up to date JSNA position into the 2016 DPH Report and development of an online JSNA resource have been completed. The link to the JSNA online is here: <http://data.sheffield.gov.uk/stories/s/fs4w-cygv>

The paper also notes that work to complete all sections of the online resource will be undertaken in time to inform the DPH Report for 2017 (a full list of topics is included as Appendix A to this paper).

Questions for the Health and Wellbeing Board:

Does the Board have any comments or questions about the design, usage or content of the online resource?

Does the Board have any specific topics that it wants to see included in the online resource that are not currently listed in Appendix A to this paper?

Are there any specific changes or improvements that the Board would like to see made to the online resource?

Recommendations for the Health and Wellbeing Board:

Endorse that work continues to complete all sections of the online resource, subject to any amendments

Incorporate a summary of 'what the (updated) JSNA is telling us' into the DPH Report 2017

Request proposals for further development of the online resource to be presented to a Board meeting later in the year

Background Papers:

JSNA online resource: <http://data.sheffield.gov.uk/stories/s/fs4w-cygv>

DPH Report 2016: <https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report.html>

Which outcome(s) of the Joint Health and Wellbeing Strategy does this align with?

All

Who have you collaborated with in the writing of this paper?

Based on previous discussion with Board members and stakeholders as part of the review of the JSNA conducted January to March 2016.

Updating the Joint Strategic Needs Assessment

1. Background

This paper reports on the progress made with implementing changes to updating, maintaining and using the Sheffield Joint Strategic Needs Assessment (JSNA), as agreed at the Board's meeting 31st March 2016.

It notes that the two key actions of incorporating an up to date JSNA position into the 2016 DPH Report and development of an online resource have been completed. The link to the JSNA online is here: <http://data.sheffield.gov.uk/stories/s/fs4w-cygv>

The paper also sets out the remaining work required to complete all sections of the online resource, in time to inform the DPH Report for 2017 (a list of all topics is included as Appendix A to this paper).

2. Progress to date

The two key actions to be taken forward in 2016-17 were to: (a) incorporate a 'what the JSNA is telling us' section into the 2016 DPH Report; and (b) to create (and start to populate) an online JSNA resource.

2a Incorporating JSNA into the DPH Report

A JSNA chapter was included in the DPH Report published in October 2016 <https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report.html> this covered the following intelligence:

Population – projections updated to show how Sheffield's population is changing and how it compares with elsewhere. Demonstrated that the population growth we have experienced for the last few years is slowing down and will continue to do so for the next few years although Sheffield will continue to become more ethnically diverse. Overall, the City remains similar to most other major cities in the UK

Headlines – life expectancy and healthy life expectancy, mortality and morbidity indicators all updated to identify key health improvement challenges facing the City, the extent of health inequalities and how Sheffield compares with the rest of the Country. This emphasised that the historical gains in life expectancy are beginning to slow down and we need to focus on improving healthy life expectancy, especially for women

Life course indicators covering starting well, living well and ageing well analysed to help prioritise the specific aspects of health and wellbeing to focus on, the level of improvement required and which groups to target. Mental health, smoking, physical activity, diet and alcohol consumption featured as the priorities for action

Ward and neighbourhood health and wellbeing quilts produced providing a small area summary of variation in health and wellbeing across Sheffield. These reinforced the message that children and adults in the poorest parts of the City continue to experience the greatest burden of ill health, disability and early death.

2b JSNA Online

A JSNA online resource, using the Council's Open Data platform has been created <http://data.sheffield.gov.uk/stories/s/fs4w-cygy> and covers the following 'chapters':

Population

Communities of interest

Economic, social and environmental determinants of health

Child , maternal and reproductive health

Disease and disability

Mental health and wellbeing

Commercial determinants of health

To date, the chapters dealing with population and communities of interest have been completed in full. A number of individual topics for other chapters have also been completed. A full outline of topics to be updated is attached as Appendix A to this paper.

The advantage of using an Open Data platform is that the data featured in the tables, maps, graphs and infographics can all be opened, downloaded and manipulated by the user, facilitating wider engagement with the JSNA and creating opportunities for generating new insights. Going forward this also means it will be more straightforward to update the JSNA.

3. Next steps

There are a number of areas where we need to develop the JSNA.

There is further work to do to ensure that the JSNA continues to focus on strategic assessments of need, and is supplemented by more detailed and bespoke pieces of analysis of specific areas where more granular information is needed. A future work programme is to be defined, but will include many of the issues appended.

There is also further work to do around addressing data linkage and data sharing across organisations; this is being considered through the Public Service Reform work. The difficulty of change on the issue of data sharing is not underestimated.

There is more to do on developing a narrative, and the underpinning analysis, on how multiple illnesses differentially affect our communities. There is a pervasive narrative of “the ageing population” and current challenges around health & social care; this will be reframed around multiple morbidities and particularly inequalities in morbidity which is one of the principal drivers of the well documented issues.

Finally there is work to do on ensuring that there is better alignment of need (and especially inequality in need) with performance measures by which our organisations measure themselves and outcomes. By way of an example, relatively few of the indicators by which a CCG is performance managed (the CCG Assurance Framework) reflect the illness profile of the population, the framework largely misses the high impact areas of need.

CCG Information and Assessment Framework clinical priorities map poorly to population health priorities

	Leading causes of lost life	Leading causes of disability	Leading risk factors for poor health
1	Ischaemic heart disease	Low back and neck pain	Diet
2	Lung cancer	Ischaemic heart disease	Tobacco smoke
3	Cerebrovascular disease	Cerebrovascular disease	High BMI
4	COPD	COPD	Hypertension
5	Alzheimer’s disease	Lung Cancer	Alcohol and drug use
6	Lower respiratory infections	Alzheimer’s disease	High fasting glucose
7	Colorectal cancer	Sense organ diseases	High cholesterol
8	Breast cancer	Depression	Low glomerular filtration rate
9	Self harm	Falls	Low physical activity

Measured to some extent in CCG IaAF	Not measured in CCG IaAF
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Source: Changes in health in England, with analysis by English regions and areas of deprivation, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet 2015

The aim will be to complete all chapters of the JSNA by June 2017 and to feed the key messages from this into the DPH Report due to be published in October 2017. To this end we propose to produce a ‘what the JSNA is telling us’ chapter, as we did for the 2016 report.

As for ongoing development of the online resource, we will add *new* topics as and when required after updating all *existing* topics and create associated links and resources on the Health and Wellbeing Board pages of the Council's website (i.e. from June 2017 onwards). This will include creating links to more in-depth health needs assessment work and enhancing the type and range of data used for each topic to include qualitative, asset-based information and case studies.

We are also keen to understand how we can expand the online resource to facilitate further development and use of the JSNA by stakeholders and this could include developing survey and feedback tools, blogs and discussion forum.

Proposals for enhancing the resource will be developed for discussion with the Board later in the year, when we have a better idea of how it is being used and by whom.

4. Questions

The Board is asked whether it has any:

Comments or questions about the design, usage or content of the online resource

Specific topics that it wants to see included that are not currently listed in Appendix A to this paper

Suggested changes or improvements to the resource.

5. Recommendations

The Board is asked to:

Endorse that work continues to complete all sections of the online resource by June 2017, subject to any amendments

Request a summary of 'what the (updated) JSNA is telling us' be incorporated into the DPH Report 2017

Request proposals for further development of the online resource to be presented to one of its meetings later in the year.

Appendix A: JSNA Chapters and Topics

All chapters and topics cover all ages unless otherwise stated.

1. Population

Age

Births

Deaths

Ethnicity

Gender

Life expectancy (and healthy life expectancy)

Migration

Population Projections

2. Communities of interest

Bangladeshi

Black African

Black Caribbean

Black and minority ethnic

Carers

Chinese

People with disabilities

Eastern European

Gypsy or Irish traveller

Indian

Lesbian, gay, bi-sexual or transgender

Lone parents

Pakistani

Roma

Somali

White Irish

Women

Yemeni

3. Economic, social and environmental determinants of health

Adult abuse

Adverse childhood experiences (including abuse, neglect and sexual exploitation)

Air quality

Antisocial behaviour

Deprivation (Index of Multiple Deprivation)

Early years development and school readiness (0-5s)

Education and skills

Employment

Equality, inclusion and cohesion

Excess winter deaths

Fear of crime

Flooding

Food (including food poverty)

Fuel poverty

Green spaces, parks and the outdoors

Health and work (Occupational Health)

Homelessness

Housing

Income (including living wage and poverty)

Noise

Road traffic accidents and fatalities

Transport and travel

Violence (including domestic and sexual violence)

Young people not in employment, education or training (NEETs)

4. Reproductive, maternal and child health

Accidents and undetermined injuries

Antenatal care

Breastfeeding

Childhood obesity

Complex needs

Dental and oral health

Emotional health and wellbeing

Low birth weight

Infant mortality

Maternal obesity

Parenting

Sexually transmitted infections

Smoking in pregnancy

Substance misuse (drugs, alcohol, tobacco)

Teenage conceptions and births

Terminations

Vaccination and immunisation

5. Disease and disability

Autism and ASD

Cancer

Cardiovascular disease (heart attacks and strokes)

Dementia and Alzheimer's Disease

Diabetes

Falls

Hepatitis (A, B, C and E)

High blood pressure (Hypertension)

HIV/AIDS

Influenza and pneumonia

Kidney disease

Learning disabilities

Liver disease

Multiple morbidity

Musculoskeletal disorders

Neurological conditions

Respiratory disease (COPD and Asthma)

Sensory impairment (sight and hearing)

Severe mental illness

Tuberculosis

6. Mental health and wellbeing

Depression and anxiety

Social capital and resilience

Social isolation

Suicide and self-harm

Wellbeing

7. Commercial determinants of health

Alcohol

Diet

Drugs

Obesity

Physical activity

Tobacco (including vaping)

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