



Report of: Director of Public Health

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	3 July 2013	Item 3	All

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SUBJECT: Refreshing the Joint Strategic Needs Assessment (JSNA) and Public Health Outcomes Framework

1. Synopsis: This paper provides an update on the Joint Strategic Needs Assessment (JSNA) in Islington and describes the process for refreshing it. It also sets out how the report on the Public Health Outcomes Framework for Islington will be refreshed and feed into the JSNA.

2. Recommendations

The Health and Wellbeing Board is asked to:

- NOTE Islington's progress on the JSNA and plans for refreshing it.
- COMMENT on JSNA chapter/factsheets topics included in the JSNA and identify any gaps.
- AGREE the proposed approach and timetable for feeding back to the Health and Wellbeing Board on both the JSNA and on achievement in Islington against the three national outcomes frameworks (public health, adult social care and NHS).

3. Background

3.1 JSNA Context

3.1.1 JSNAs are local assessments of current and future health and social care needs. Following the passing of the Health and Social Care Act 2012 local authorities and CCGs have an equal and explicit

duty to prepare JSNAs and Joint Health and Wellbeing Strategies (JHWSs), through Health and Wellbeing Boards.

- 3.1.2 JSNAs are a continuous process of strategic assessment and planning. Their outputs, in the form of evidence and the analysis of needs, should be used to help determine what actions local authorities, the local NHS and other partners need to take to improve the wellbeing of the local population and reduce inequalities.
- 3.1.3 Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory dataset to be included. It is for the Health and Wellbeing Board (HWB) to determine when to update the JSNA.
- 3.1.4 What can the JSNA help to answer?

Issue	What are the factors that are contributing to poor outcomes?
People	Which groups are experiencing worse outcomes than the general population?
Place	Are poor outcomes localised to particular geographical areas?
Actions	What can we do to improve outcomes and tackle inequalities ?
Resources	Are we using resources proportionate to need?
Impact	How will we know we have made a difference?

3.2 Islington’s JSNA

- 3.2.1 In Islington a web- based “Evidence Hub” has been developed for the borough to house evidence, data, strategies, intelligence and policies. The Evidence Hub is designed to help share information across and within organisations and to inform the development of evidence-based and needs-based commissioning plans and priorities. In essence, the Evidence Hub is Islington’s JSNA. A specific section of the Evidence Hub is denoted as the JSNA, for ease of navigation. All current JSNA chapters can be found here, written in a consistent JSNA factsheet format. Islington’s Evidence Hub can be accessed at <http://evidencehub.islington.gov.uk>.
- 3.2.2 The Evidence Hub is now live for public access and was formally launched the week commencing 3rd of June with a series of lunchtime and evening drop in sessions for Council staff and Councillors. These events showcased the JSNA factsheets and gave live demonstrations of the website. Within the CCG, the Evidence Hub has been discussed at the Primary Care Development meeting and will be taken to GP locality forums and the CCG open day. It has also been promoted to the voluntary and community sector and to Healthwatch at a specific voluntary and community sector event focussing on public health and Islington’s Health and Wellbeing priorities held in early June 2013.

3.2.3 The table below details the structure and content of Islington’s JSNA. More detailed information about the completed chapter topics and schedule for their refresh are outlined in Appendix 1.

Structure and content of Islington’s JSNA	
<p>Part 1 - Demographics Population Overall health and wellbeing indicators</p> <p>Part 2 – Maternal and Child Health Infant mortality Teenage pregnancy Early access to maternity services Childhood immunisations Childhood oral health</p> <p>Part 2 – Chronic conditions Cardiovascular disease Diabetes Cancer Respiratory disease Mental health Infectious diseases HIV</p>	<p>Part 4 – Lifestyles and risk factors Smoking Physical activity Alcohol Substance misuse Sexual health Healthy weight</p> <p>Part 5 – Vulnerable groups Older people People with learning disabilities People with physical disabilities Carers Looked after children Complex families</p> <p>Part 6 – Social and economic environment Poverty Employment Education Housing Community safety Pollution</p>

3.3 Updating of the JSNA

3.3.1 The process of strategic needs assessment should be a continuous one. The intention is to ensure JSNA factsheets are live documents that inform annual planning and commissioning cycles, with each factsheet being updated as a minimum once a year. The timescales for the refresh of JSNA chapters will be influenced by the publication of new data, rather than setting a single deadline date for all topic areas. A proposed schedule for the refresh of Islington’s JSNA is outlined in table 1 in Appendix 1.

3.4 Next steps for the JSNA

3.4.1 The Information and Intelligence Board, chaired by the Director of Public Health, will continue to coordinate the production of the JSNA, as part of its lead role in overseeing the on-going development of the Evidence Hub. This board will also oversee work to synthesise and distil the JSNA into key recommendations for action, submitting a report to the Health and Wellbeing (HWB) Officer Group (see below).

3.4.2 The HWB Officer Group, established to support the Health and Wellbeing Board to deliver its responsibilities and strategic priorities, will be responsible for reviewing the JSNA and supporting the Board to: understand its implications, translate identified needs into key priorities, and ensure it feeds into the future HWB strategies and commissioning plans. The group will also be responsible for reviewing the JSNA within the context of achievement against the three national Outcomes Frameworks (Public Health,

Adult Social Care and NHS), ensuring they are aligned and supporting the identification of shared priorities.

- 3.4.3 A summary report distilling the key issues identified in the JSNA, its implications and recommendations will be brought to the HWB in October 2013 in order to feed into commissioning cycle for 2014/15.

3.5 National Outcomes Frameworks – Public Health, NHS and Adult Social Care Outcomes Frameworks

- 3.5.1 The **Public Health Outcomes Framework** is focused on two high level outcomes:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities through greater improvements in more disadvantaged communities

These are 66 supporting public health indicators, split over four domains:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

Together the indicators provide a framework for transparency and accountability across the public health system – setting out opportunities for local partnership working to improve and protect health.

- 3.5.2 The Public Health Outcomes Framework is the mechanism against which local areas will be held to account for improving population health outcomes over the coming years. While areas will not have nationally imposed targets relating to these indicators, achievement against outcomes will form the basis of local “health premiums” (financial incentives), the details of which will be published in 2015/16.

- 3.5.3 In August 2012 Public Health published a report showing Islington’s achievement in the (then provisional) PHOF outcomes, with comparison against London and England. It also described initiatives in Islington that are relevant for achievement of the outcomes. (Please see <http://evidencehub.islington.gov.uk/Performanceoutcomes/PHOFramework/Pages/default.aspx>)

- 3.5.4 Public Health England (PHE) and the Department of Health published a data update in May 2013. The data are presented in an interactive data tool that allows users to view data in a user-friendly format (<https://www.gov.uk/government/publications/public-health-outcomes-framework-may-2013-quarterly-data-update>). However the data available is limited to England comparisons and does not provide comparison against the London average or comparisons with boroughs with similar rankings for socio-economic deprivation, which would be more relevant comparators. It is important to note that as well as looking at achievement against the England average (which presumably will be the benchmark for future health premiums), it is important to assess achievement against London because, for some indicators, there is a “London effect”, which is likely to reflect differences in sociodemographics, population mobility and health service delivery between London and the rest of the country. Furthermore the information available through the tool is limited to quantitative data only, and does not provide contextual information on the local picture or local interventions in place to tackle key challenges. Although the PHE tool is helpful, it has limited uses for understanding local need and local challenges.

- 3.5.5 Public health plans to update the 2012 report using the latest data release, focusing on those indicators where Islington is shown to be performing worse than England, with the following information;
- Benchmarking against England average, other London Boroughs and boroughs with similar rankings for socio-economic deprivation;

- Providing time trends for that indicator showing how achievement has changed over time;
- Performance on indicators in relation to HWB priorities;
- Information about the Islington picture – what is happening locally and what are the challenges;
- Key programmes/interventions being delivered to tackle the challenges.

3.5.6 This update of the PHOF will be carried out in conjunction with national updates of the two other outcomes frameworks: NHS and Adult Social Care Outcomes Frameworks.

3.5.7 The **Adult Social Care Outcomes Framework** 2013 to 2014 sets out the outcomes and corresponding indicators that will be used to hold the Council to account for improvements in social care outcomes. It is structured around four domains, which set out the high-level national outcomes that all councils should be aiming to improve. They are:

1. Enhancing the quality of life for people with care and support needs
2. Delaying and reducing the need for care and support
3. Ensuring that people have a positive experience of care
4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

3.5.8 The Adult Social Care Outcomes Framework (ASCOF) is fed by a number of statutory data returns made to the Department of Health, including a service user and carer satisfaction survey. Returns are submitted during the period of May to July depending on the return. Provisional data released by the Department of Health can be used for internal management purposes with HASS, whilst a provisional report detailing countrywide information will be published on 10th July 2013. An Islington benchmarking report will be produced and presented to the Adult Social Care Senior Management Team.

3.5.9 The **NHS Outcomes Framework 2013 to 2014** sets out the outcomes and corresponding indicators that will be used to hold the NHS Commissioning Board to account for improvements in health outcomes, as part of the government's mandate to the NHS Commissioning Board. It is made up of a set of 65 indicators, grouped around 5 domains. The purpose of the NHS Outcomes Framework is threefold:

- to provide a national level overview of how well the NHS is performing;
- to provide an accountability mechanism between the Secretary of State and the NHS Commissioning Board for the effective spend of public money; and
- to act as a catalyst for driving quality and outcome measurement throughout the system.

3.5.10 The Health and Social Care Information Centre (HSCIC) publish data for the NHS Outcomes Framework indicators and published the latest update on 5 December 2012. A summary report will be produced of Islington's achievement against the NHS Outcomes Framework for Islington CCG to consider.

3.5.11 Reports on all three national Outcomes Frameworks will be brought to the HWB in October 2013.

4. Implications

4.1. Financial implications

- 4.1.1 This paper provides an update on the Joint Strategic Needs Assessment (JSNA) in Islington which is a Health and Wellbeing Board statutory obligation, being delivered by various organisations including the Council and the CCG, led by the Public Health team.
- 4.1.2 The Department of Health (DH) announced 2 year funding allocations for the new ring fenced Public Health (PH) grant. Islington Council will receive £24.74m in 13/14 and £25.43m in 14/15 to provide public health services for the local population. The Council's Public Health expenditure must be contained entirely within the grant funded cash limit indicated above. If any additional pressures are incurred management actions will need to be identified to cover this.
- 4.1.3 The Public Health Outcomes Framework is the mechanism against which local areas will be held to account for improving population health outcomes over the coming years. While areas will not have nationally imposed targets relating to these indicators, achievement against outcomes will form the basis of local "health premiums" (financial incentives), the details of which will be published in 2015/16.

4.2 Legal Implications

Section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 the Health and Social Care Act 2012, provides that the Council has a duty to prepare, in conjunction with the CCG, a joint strategic needs assessment. The joint strategic needs assessment is a process to identify the current and future health and social care needs of the Islington population.

4.3 Equalities Impact Assessment None on these reports. The JSNA factsheets and PHOF report detail dimensions of equality for each topic, highlighting the key measures taken to reduce inequalities.

4.4 Environmental Implications. None identified.

5 Conclusion and reasons for recommendations

The Health and Wellbeing Board is asked to:

- NOTE Islington's progress on the JSNA and plans for refreshing it.
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Background papers:

- Attached: Islington performance on the Public Health Outcomes Framework compared to England – two summary tables (updated May 2013)
- Public Health Outcomes Framework in Islington, 2012 (Please see <http://evidencehub.islington.gov.uk/Performanceoutcomes/PHOFramework/Pages/default.aspx>)

Final Report Clearance

Signed by



Director of Public Health

Date: 24 June 13.

Received by

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Head of Democratic Services

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Date

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Appendix 1

Table 1: List of JSNA factsheets/chapters and schedule for refresh, June 2013

Completed and published on Evidence Hub	JSNA Factsheet title	Date of current fact sheet	Date of next update
	MATERNAL AND CHILD HEALTH		
✓	Infant mortality	March 2013	March 2014
✓	Teenage pregnancy	May 2013	May 2013
✓	Early access to maternity services	June 2013	June 2014
✓	Childhood Immunisations	October 2012	October 2013
	CHRONIC ILLNESS (including Cancer and cancer screening)		
✓	Cardiovascular disease	October 2012	October 2013
✓	Respiratory disease	November 2012	November 2013
✓	Cancer – overall summary	October 2012	October 2013
✓	Cervical cancer	January 2013	January 2014
✓	Breast cancer	November 2012	November 2013
✓	Bowel cancer	November 2012	November 2013
✓	Lung cancer	November 2012	November 2013
✓	Prostate cancer	April 2013	April 2014
✓	Diabetes	November 2012	November 2013
	MENTAL HEALTH		

✓	Mental Health	June 2013	June 2014
✓	Psychotic disorders	June 2013	June 2014
✓	Dementia	March 2013	June 2014
	Depression and anxiety	Expected October 2013	October 2014
	Suicide and undetermined injury	Expected October 2013	October 2014
INFECTIOUS DISEASES			
✓	Infectious disease	March 2013	March 2014
	HIV	Autumn 2013	TBC
CLINICAL RISK FACTORS			
✓	Adult overweight and obesity	October 2012	October 2013
✓	Childhood obesity	March 2013	March 2014
✓	High blood pressure	November 2012	November 2013
✓	Season Health (excess winter deaths)	October 2012	October 2013
LIFESTYLES			
✓	Smoking	November 2012	November 2013
✓	Oral health (adult & children)	October 2012	October 2013
✓	Physical activity	October 2012	October 2013
✓	Alcohol	October 2012	October 2013
	Substance misuse	July 2013	TBC
	Sexual health	TBC	TBC
VULNERABLE POPULATIONS			
	Older people	TBC	TBC
✓	Carers (Adults)	January 2013	TBC
	Children that are looked after	TBC	TBC
✓	People with a learning disability	TBC	TBC
✓	People with physical disabilities and sensory impairment	January 2013	TBC
WIDER DETERMINANTS OF HEALTH			
	Child Poverty	TBC	TBC

✓	Educational attainment and lifelong learning	April 2013	April 2014
✓	Housing and Homelessness	June 2013	TBC
	Employment and prosperity	TBC	TBC
✓	Unemployment and NEETs	May 2013	May 2014
	Community safety	TBC	TBC
	Environmental quality	TBC	TBC
✓	Air quality	October 2012	October 2013