

Governing Body (public) meeting

DATE: 27 March 2014

Title	Development of the Joint Strategic Needs Assessment – JSNA 2014/15 - Update
Recommended action for the Governing Body	<p>That the Governing Body:</p> <ol style="list-style-type: none"> 1. NOTE the progress made on the production of and engagement on the JSNA with continuing multi-agency engagement in both the Steering Group itself and in the wider involvement of partners across the borough 2. COMMENT on the draft chapters of the JSNA and offer advice on how to develop and improve it further – by 30th April 2014 3. NOTE the update on key emerging messages and cross cutting themes that will need to inform strategic commissioning and decision-making. 4. NOTE the possibility of working with Thamesmead Community Trust as a pilot for a community assets - based approach to the JSNA
Executive summary	<p>This paper gives an update on the progress made since November 2013 to develop the statutory Joint Strategic Needs Assessment (JSNA) for the Borough. It describes the development of the document itself, focusing on the draft disease and care group chapters and updates the engagement process through which how relevant partners and Council directorates are contributing to the shaping of the JSNA. It sets out some of the early, emergent possible key messages from the JSNA and includes an update on the formal timetable which will lead up to the Health and Wellbeing Board being asked to approve the JSNA in July. The draft chapters are currently restricted (i.e. not published) as they are in development, but are available for review by members on request.</p>

Clinical Commissioning Group

Which objective does this paper support?	<p>Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p> <p>The JSNA will inform and guide both <u>how</u> the current Joint Health and Wellbeing Strategy is implemented (best evidence of how to intervene and design services) and suggest priorities for the strategy when it is next updated. The CCG is strongly engaged as a partner in the JSNA Steering Group</p>	✓
	<p>People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London</p> <p>This is a key area – public health capacity is modest and a sustainable approach to embedding local capacity needs to be taken. The Public Health Workforce needs to be grown to a sustainable level. GPs are keen to be engaged and we are on a journey of better understanding GP data and will engage with localities over the coming months.</p>	✓
	<p>Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation</p> <p>The JSNA will where possible take account of programme budgeting data and is benchmarking the CCG to its “statistical neighbours”. It is not a bidding process and much of its advice will focus on refining existing services through application of evidence and best practice. Gaps are bound to be identified but the focus is clear - high burden needs, that are worsening and for which there is evidence that effective action can be taken.</p>	✓
	<p>Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience</p> <p>The JSNA is one of the four key “Pillars” of the CCG’s commissioning intentions</p>	✓

Clinical Commissioning Group

Organisational implications	Key risks (corporate and/or clinical)	
	Equality and diversity	The JSNA will almost certainly advise on better targeting of existing priorities, which are largely the right ones, toward areas of greatest need – e.g. particularly deprivation, specific electoral wards, men , women with lung cancer, older people with complex needs, families with multiple needs and the growing black African population
	Patient impact	The JSNA provides objective guidance on which communities and patients need most support and treatment and on effective service design based on evidence. Careful prioritisation is likely to be needed
	Financial	Careful prioritisation as above
	Legal issues	JSNA is a statutory requirement
	NHS constitution	The JSNA will focus more on the Public Health Outcomes framework and advise
Consultation (public, member or other)	An engagement timetable is attached demonstrating how partners and the public are being engaged	
Audit (considered/approved by other committees/groups)	A programme of governance and an approval pathway for the JSNA is attached. The Health and Wellbeing Board will be asked to give formal approval of the JSNA in July 2014	
Communications plan	Attached	
Author	Mike Attwood	
	Clinical lead Dr Bhadra	Executive sponsor Dr Nada Lemic
Date	14 th March 2014	

<p>BEXLEY CLINICAL COMMISSIONING GROUP GOVERNING BODY – 27TH MARCH 2014</p> <p>DEVELOPMENT OF THE JOINT STRATEGIC NEEDS ASSESSMENT - PROGRESS UPDATE</p>

Development of the Joint Strategic Needs Assessment (JSNA) for Bexley

1 Context

Members are reminded that the Joint Strategic Needs Assessment (JSNA) is defined as “a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve the health and wellbeing outcomes and reduce inequalities” (Department of Health, (2006) Our health, our care, our say). JSNAs originally emerged from the Social Care Green Paper ‘Independence, wellbeing and choice.’ In 2007, Section 116 of the Local Government and Public Involvement in Health Act introduced the statutory requirement for a JSNA to be produced by each local authority and primary care trust (PCT).

The coalition government has signalled an ongoing and central role for JSNAs in the NHS reforms driven by the now implemented White Paper, 'Equity and excellence: liberating the NHS'. Health and Wellbeing Boards, convened by local authorities, have a statutory responsibility for leading the JSNA process.

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA should underpin health and well-being strategies, themselves a new statutory requirement, and each public sector organisation’s own commissioning plans. The main goal of a JSNA is therefore to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities.

Bexley Care Trust and Council worked together on a detailed JSNA Compendium of information in 2010 and a brief “refresh” document in 2012. The first Joint Bexley Health and Wellbeing Strategy, based on priorities identified from the 2012 JSNA ‘refresh’, has now been produced, consulted upon, and signed off by the Health and Wellbeing Board

The Public Health transfer from Bexley Care Trust to the Council has been achieved and the 2014 JSNA is now being produced with good progress being made both on the document itself and wide engagement with partners.

2 Progress Since November 2013

The JSNA Steering Group is well established and has now met five times in all. Most partners are well represented and there is an ongoing need to secure input from the Council’s Children’s Services, the South London NHS Commissioning Support Unit (CSU), Public Health England and receiving GP clinical commissioning advice, where input to the Steering Group directly has proved more challenging. Nonetheless excellent liaison and advice links have been established outside the meetings which are proving very helpful, with the exception of the CSU where an outreach approach will now be taken. Dr Bhadra has acted as the CCG’s clinical GP link which has been much appreciated.

The timetable for final production of the JSNA has now been reviewed in the light of the forthcoming London-wide Council elections in May 2014. This means that the JSNA will now need to be formally signed off at the Health and Wellbeing Board in July 2014.

Appendix 1 sets out the formal approval route and timetabling to achieve this and lays out the engagement that has been undertaken so far and what remains to be done. This process will ensure formal discussion at this Health and Wellbeing Executive Group, LBB Management Board and CCG Governing Body, LBB Cabinet, the LBB/CCG Integrated Commissioning Board, together with support and challenge from Health and Social Care Scrutiny Panel, all in place before the Health and Wellbeing Board (HWBB) is asked to approve the final JSNA in July. This should enable the HWBB to judge the comprehensiveness of the engagement and support/challenge taken on board in shaping the JSNA, as well as the priorities for action.

All Chapters have been produced in their second draft version with the exception of Infectious Diseases which has been produced by Public Health England with feedback from the February 2014 Steering Group about to be offered to enable them to produce version two. The Chapter covering physical disabilities and sensory impairment is in hand.

The Clinical Commissioning Group has to deliver its Commissioning Intentions to NHS England by 4th April 2014 – in advance of the Health and Wellbeing Board being asked to approve the final JSNA in July. This difference in Council and NHS national timetables is usual and a JSNA chapter has therefore been produced for the CCG's Commissioning Intentions with draft findings. Advice has also been offered on the appropriate targets for reducing Potential Years of Life Lost (PYLL) that form part of CCG formal performance targets.

Engagement on the JSNA has been extensive and has covered the following aspects:-

- distribution of draft chapters to the Council's directorates and to the CCG team of GP Clinical leads
- attendance at a Bexley Patients Council meeting to update and engage local leaders of user and carer groups
- third sector engagement with BVSC through two engagement events - with the BVSC Chief Officers' Group in December 2013 and a wider engagement event for the whole sector in February 2014 - as well as making contact with Thamesmead Community Trust as a potential pilot for developing a "community assets" approach that will map community resilience, capacity and resources alongside the statutory services' contribution
- four whole system discussion groups held on specific chapters for interested parties held in February and March 2014 – older people and end of life care services; children's services; mental health & learning disability services (including autism) and healthy lifestyles
- a discussion on obesity and Bexley-wide commitment to action at the Bexley-wide Chief Executives' Group in February 2014.

- presentations made at all three GGC GP Locality meetings
- discussion and feedback at key partnership board meetings – so far covering the Drugs and Alcohol Action Team (DAAT), Sexual Health Network, Carers' Strategy Group, with dates set for the Integrated Commissioning Board and Learning Disability Partnership Board.

3 Next Steps to Achieve JSNA Approval by July 2014

The timetable attached at **Appendix 1** requires that draft 1 of the full JSNA is ready by **30th April latest** with the final version ready by **30th June latest** in order to seek approval by the HWBB in July. The draft 1 version will need to have identified the **key priorities** for the JSNA for the HWBB to consider. These are likely to cover two aspects:-

- specific disease and care group issues
- cross-cutting themes

Cross cutting themes have been an important message emerging from the engagement so far with a recognition that issues such as complex care of frail older people and the physical health of people with mental health or drug and alcohol problems, or with a learning disability need a holistic approach. Differences in life expectancy need to be tackled because it is only by focusing on issues of age, ethnicity, gender or geography within Bexley that we can break down/better our “average to good” borough health status.

The advice to the HWBB in July will cover three aspects in order ensure that actions can be prioritised within the capacity we have available. It should be noted that much of the advice will need to cover service redesign and general improvement within existing resources. The three aspects are: -

- Priority for now
- Concern to monitor closely
- Issue for deeper understanding and further needs assessment

The next steps for engagement are as follows:-

- commence the formal approval pathway to July HWBB through LBB Management Board & Cabinet, CCG Governing Body and LBB/CCG Integrated Commissioning Board
- timetable Scrutiny Panel discussions as above to ensure appropriate challenge
- offer face to face presentations and discussions to:-
 - NHS England primary care and specialised commissioning teams
 - Council Directorates
 - NHS Trusts and Foundation Trusts
 - South London NHS Commissioning Support Unit (CSU)
 - remaining local Partnership Board (especially children & young people and mental health)

- continue to engage with Public Health England on the infectious diseases chapter and seek their advice and feedback on the emerging JSNA as a whole.
- work with Healthwatch to develop systematic engagement with users and carers from April
- Work with Thamesmead Community Trust to shape a pilot proposal for taking a community assets-based approach to the JSNA that seeks to understand how statutory resources and services can work in better synergy with community action and resilience.

4 EMERGING KEY MESSAGES

Key messages are still at an early stage. They have been updated as follows:-

- Bexley is generally healthy compared to the rest of the country – we need to really focus on inequalities and target our effort
- Bexley is 2% younger than national average (26% 0-20) – more so in north Bexley
- Population will grow by 10% by 2020 – 54% for 65+ age group; 18.5% for 0-20 age group
- There is significant growth in the black African community's population
- Bexley is 166/326 ranked for deprivation
- Life expectancy is better than nationally at 80 for men; 84 for women – but is 7.6 and 3.1 years less in the most deprived parts of Bexley
- Main causes of death in Bexley are Cancer, Cardiovascular disease (CVD) and COPD
- Death rates are falling for Cancer and CVD but more slowly than nationally
- Lung Cancer is the single largest contributor to premature cancer mortality - Female mortality from lung cancer is higher than national, regional and comparator boroughs.
- The recorded prevalence of coronary heart disease in GP practices seems to be significantly less than the estimated prevalence.
- Smoking is the single largest preventable risk factor for cancer and the biggest cause of ill health and death overall
- Morbidity and mortality – and most modifiable lifestyle risk factors are higher in areas of deprivation.
- Lower numbers of people with Learning Disability seem to be known to GPs and the Council and we need to understand day care better; we have lower rates of GP health checks for this group
- We have high rates of mental health acute admissions to general and psychiatric beds
- Drug users – treatment access and completion rates are less good than similar boroughs. 16-24 age cocaine use is rising

- Sexually Transmitted Infection rates are lower than national average and in some cases falling – but HIV rates have gone up 66% over the last 4 years (beyond the rate at which expanded population screening is recommended); overall rates of diagnosed STIs in BME communities is much lower than expected.
- Alcohol adult admissions to general acute beds are rising faster than average
- There is still an ongoing need to proactively find, assess and support carers
- Our children and young people’s population is expected to see a 17.4% increase by 2021. This is greater than the national projections.
- The most significant increase will be seen in the 10-19 year age bands.
- We have high rates of adult and childhood obesity; low rates of exercise in school persist
- Variations in deprivation affect school achievement and health

There remain an important set of **cross-cutting themes** that will be further tested out between now and final approval of the JSNA in July:-

- premature mortality and greater morbidity of people with mental health problems, including much higher smoking rates
- earlier age of death and greater morbidity of people with learning disabilities; a need to ease access and improve experience of general health and care services for this group of people
- continuing to better integrate and co-ordinate services for frail, older people with multiple, complex needs
- considering our overall approach to children, young people and their families with multiple needs – poverty, educational attainment, poor health outcomes and prevention of abuse
- an integrated approach to those taking multiple lifestyle risks – smoking, alcohol, drugs, poor nutrition and sexual health
- recognising the impact of deprivation on poor health in some parts of the Borough and within certain minority ethnic communities

These messages are data driven and need to be to ensure objectivity. Some of the qualitative messages coming from engagement locally demonstrate the creative tension between a holistic and a disease specific approach. Messages we have had include that:-

- selecting key, cross-cutting themes that will tackle differences in life expectancy is going to be crucial
- the Carers Strategy needs to be updated and the actions agreed firmed up in the light of the JSNA

- we need to understand autism better
- smoking can either be seen as a lifestyle issue or an addiction

This means that the “wraparound” Executive Summary and Taking Action chapters will need to draw out holistic, cross-cutting suggested actions very clearly and be honest and ethical about areas that although important, are not top priorities at the present time.

5 CONCLUSION AND RECOMMENDATIONS

Members are asked to:-

1. **NOTE** the progress made on the production of and engagement on the JSNA with continuing multi-agency engagement in both the Steering Group itself and in the wider involvement of partners across the borough

2. **COMMENT** on the draft chapters of the JSNA and offer advice on how to develop and improve it further – **by 30th April 2014**

3. **NOTE** the update on key emerging messages and cross cutting themes that will need to inform strategic commissioning and decision-making.

4. **NOTE** the possibility of working with Thamesmead Community Trust as a pilot for a community assets - based approach to the JSNA

Mike Attwood/7 March 2014

**BEXLEY JOINT STRATEGIC NEEDS ASSESSMENT
ENGAGEMENT AND DECISION MAKING TIMETABLE**

TIMELINE – LEADING TO FINAL SIGN-OFF AT HEALTH AND WELLBEING BOARD IN JULY 2014

CCG Governing Body and LBB Management Board - agree approach and receive first progress report – November 2013 – Mike Attwood - DONE

Health and Wellbeing Board - agree approach and receive first progress report: - 14 JANUARY – Mike Attwood - DONE

Key Health Commissioning Headlines produced for CCG to inform CCG Commissioning Intentions: Mike Attwood – END JANUARY - DONE

Version 1 Draft Disease and Care Group Chapters complete: – END JANUARY – Mike Parker - DONE EXCEPT PHYSICAL DISABILITY/SENSORY IMPAIRMENT

(Note PHE producing infectious diseases chapter): END JAN – DONE

Version 2 Draft Disease and Care Group Chapters complete: – FEBRUARY – Mike Parker - DONE EXCEPT INFECTIOUS DISEASES AND PHYSICAL DISABILITY/SENSORY IMPAIRMENT

Engagement Discussion Sessions on Draft Chapters: Shanie Dengate/Sue Robinson supported by Mike Parker and Mike Attwood – as follows:

<u>Older People</u> Including a focus on Dementia - including Palliative Care and EOL. Include carers for older people.	4 February 2014 2.00 - 4.30pm Former Restaurant Area, Bexley Civic Offices	DONE
<u>Mental Health and Learning Disabilities</u> Include carers for those with a mental impairment or learning disability.	6 February 2014 2.00 - 4.30pm Former Restaurant Area, Bexley Civic Offices	DONE
<u>Children and Young People</u> – including Palliative Care, Disability and end of life for children. Include carers. Young physically disabled.	12 February 2014 2.00 - 4.30pm Room 132, Bexley Civic Offices	DONE
<u>Lifestyle</u> - Substance misuse, Alcohol, Smoking and Sexual Health, pick up Diabetes and Obesity, Physical Activity.	20 February 2014 2.00 - 4.00pm Room 132, Bexley Civic Offices	DONE

Incorporate JSNA Steering Group and other comments to produce draft full JSNA Version 1 by Monday 30th April ; Mike Parker - disease and care group chapters; MIKE Attwood – introduction and other “wraparound” chapters and overall co-ordination

Draft full JSNA Version 2 – FINAL – produced – 30th June – Mike Attwood

Formal Progress Updates and Sign Off to following formal meetings and partnerships- Mike Attwood

- **JSNA Steering Group – 25 February; April; June (Sign Off)**
- **CCG Governing Body - 27 March and 31 July (Sign Off)**
- **LBB Management Board - 2 April and 5 or 26 June (Sign Off)**
- **LBB Cabinet – July (Sign Off) - draft date is 15 July 2014**
- **LBB Health Overview and Scrutiny Committee – Update on progress on 10 April and then the full document in July TBC- All scrutiny Committees are provisionally scheduled for July (week commencing 14th July 2014 specific dates to be confirmed)**
- **Integrated Commissioning Board – 3 April and June (Sign Off)**
- **Health and Wellbeing Executive – 17 March and 17 June (updates prior to Health and Wellbeing Board sign-off)**
- **Health and Wellbeing Board – 8 April and July (Sign Off) Date for July not set**

Note: GREEN = completed; GOLD = action under way

MEETING	DATE	PURPOSE
JSNA Steering Group	25 February 14.00-16.00 March April June	Discuss chapters Draft 1 Progress review and agree priorities Discuss JSNA Draft 1 Sign Off JSNA final version
CCG Governing Body	27 March 31 July	Formal Update Approve
LBB Management Board	2 April 5 th or 26 th June	Formal Update Approve
LBB Cabinet Briefing	23 rd June	Update on Progress prior to decision
LBB Cabinet	16 July (subject to change)	Approve
LBB Health Overview and Scrutiny Committee	10 April Mid July	Engagement – Progress so far Engagement on findings
Integrated Commissioning Board	3 April June	Engagement Engagement
Health and Wellbeing Executive	17 th March 10-11.30 17 th June – 14-15.30	Engagement Recommend to HWBB
Chapter Discussion Groups	February x 4 set up 4 February (Older People) 6 February (Mental Health and Learning Disabilities) 12 February (Children and Young People) 20 February (Lifestyle)	Engagement

APPENDIX 1

MEETING	DATE	PURPOSE
CCG GP Localities	Frognaal - 16 January (done) Clocktower - 23 January (done) North Bexley – 13 March	Engagement
Chapters sent to LBB Directorate SMTs for discussion; Maureen Holkham to arrange	March (done) and May Children’s Senior Team set for 1 st May 12-1	Engagement
Chapters send to CCG individual lead GPs; Mike Attwood to arrange with Charles O’Hanlon at CCG	February (done) and May	Clinical Engagement
CCG Primary Care Advisory Group Mike Attwood to pursue dates	March and May	Clinical Engagement
Engage with Thamesmead community – assets based approach Mike Attwood pursuing	March onwards They have sent their Needs Assessment Report through to Mike Attwood	Engagement and to support local action planning/development
Third Sector Engagement	BVSC Chief Officers Done in December Sector wide meeting Booked for 25 February Invites to be issued to chapter discussion groups in February	Engagement Engagement
Users and Carers	HealthWatch CCG Patients Council January (done-Sue Tod-Dunning) CCG Bexley wide Patient Participation Group Conference – 19 th March	Engagement via the Chapter sessions Engagement Engagement

APPENDIX 1

MEETING	DATE	PURPOSE
Partnership Boards Mental Health Older People Carers Partnership Learning Disability Physical Disability/Sensory Impairment Children and Young People Drug and Alcohol Action Team Sexual Health Network	APRIL/MAY Round at latest 13 March 10-12 1 May 10-12 April TBA (Ginny Hyland/Carolann James) 30th January 30th January	Engagement
NHS Provider Boards Oxleas Greenwich and Lewisham Darent Valley Kings Guys and St Thomas' Mike A to offer presentation/discussion	March-May Offer attendance at Management Teams or Boards	Engagement
NHS England Teams as follows:- GP/pharmacy commissioning team for south London London wide dental and optometry commissioning team London-wide specialised commissioning team Mike A to send draft full JSNA version 1 for comments and offer engagement	April/May	Engagement and input to JSNA version 2
Public Health England	Liz Marchant contacted	PHE writing infectious diseases chapter – Draft 1 written Comment; support and challenge on whole JSNA

Mike Attwood/15 January 2014 – updated 07/03/2014