

## **APPENDIX**

### **DUDLEY SHADOW HEALTH & WELLBEING BOARD**

### **JOINT STRATEGIC NEEDS ASSESSMENT: UPDATE**

#### **INTRODUCTION**

This report provides an update on work in relation to Dudley's Joint Strategic Needs Assessment (JSNA). In its development sessions of 22 February and 21 March 2012, Shadow Health and Wellbeing Board members reviewed and re-directed work on the JSNA; considered emerging findings for strategy; and refined their understanding of wellbeing.

#### **SCOPE AND MANDATE FOR JSNA**

##### **'Wellbeing'**

Members of the Shadow Health and Wellbeing Board considered extensive national work being undertaken by the Office of National Statistics (ONS) on this and developed their own view on what comprises wellbeing. Part of the ONS work with a wide range of the general public is captured in the word cloud shown in appendix 1. Appendix 2 shows a word cloud developed from Shadow Health and Wellbeing Board members' statements. Three important considerations are drawn from the work which Health and Wellbeing members undertook:

1. 'Health' and 'wellbeing' are not separate concepts – considering them as such is a false dichotomy. Health is seen as a *component* (and a very important part) of wellbeing.
2. The importance of 'family' – which underscores previously agreed 'life course' approach to both JSNA and Joint Health and Wellbeing Strategy.
3. The importance of capturing subjective and experiential data from a range of communities and individuals to balance, test and provide insight into the issues arising from analysis of 'objective' hard data.

In addition, members identified that, for transformative strategy, joint strategic needs analysis needs to incorporate an assets-based approach.

#### **JSNA PROCESSES AND PRODUCTS**

As part of its development programme Dudley Clinical Commissioning Group (CCG) Board and senior management will be participating in a project designed to develop their confidence and capability to lead and embed equality, diversity and inclusion into the CCG's commissioning system, governance processes and culture. Part of this work will be designed to ensure that the CCG and Shadow Health and Wellbeing Board increase their effectiveness in advancing equality, diversity and inclusion across the local health and social care system.

This will assist in ensuring that the JSNA and the Joint Health and Wellbeing Strategy are developed through an inclusive process that reaches out to the local population and secures real public engagement in their development and monitoring.

The JSNA Group has further identified the following in terms of scope of work on JSNA:

- Securing a wider range of inputs, particularly from Council Directorates (hence widening of membership of Group – see below).
- Need to source and capture data on subjective wellbeing and community assets.
- Need to produce a framework for presenting data on community assets.
- Extending data capture to service utilisation (demand) data.
- Need to revise the website technical infrastructure (currently relies on Performance Plus which is being phased out).
- Need for a range of products for different audiences including making the website and products more immediately available for community groups to use.

### **FROM NEEDS ANALYSIS TO STRATEGY**

Shadow Health and Wellbeing Board members have considered challenges to strategy posed by consideration of current JSNA data (summarised as '*ten key facts*'). The outputs from this are shown in raw form in appendix 3 and will be further grouped and refined as a start point for prioritisation at the next development session. The Dudley CCG has also considered these as inputs into the development of the commissioning plan that it will be submitting for authorisation.

These now need to be triangulated with community views gained by the proposed community engagement process (see separate paper) where community views on wellbeing and community assets can also be captured.

Development of the assets based approach will be informed by the learning from; extensive previous work on Young People's Voice; the recent 'ageing well' initiative; a community asset approach to health improvement project recently commissioned by Public Health from DCVS; and the 'Big Society' programme.

Further information on an assets based approach to health & wellbeing is available in the "Dudley JSNA related themes library" at <http://dcp.dudley.gov.uk/needs-assessments-data-and-trends/jsna/jsna-documents-section/jsna-related-themes-library/> . Documents are arranged by the date published, members may find the following particularly useful:

- A Glass Half-full – How an Asset Approach can Improve Community Health and Wellbeing (published March 2010)
- Developing Rich and Vibrant Joint Strategic Needs Assessments & Capturing Community Asset Growth within the JSNA – Key Learning from a Trial Project (published Feb 2011)
- "What Make us Healthy?" (published March 2012)

## **JSNA GOVERNANCE AND SUPPORT**

A draft terms of reference developed by the JSNA Group from Health and Wellbeing Board development session material is presented together with a list of an expanded membership, for approval, at appendix 4.

There is no dedicated JSNA staffing resource. All members of the JSNA Group listed will need to set aside some time for working on their input into JSNA outside any meetings of the Group.

## **NEXT STEPS**

- Refine issues from Health and Wellbeing Board members' consideration of challenges from JSNA data.
- Implement community engagement process (see separate paper) to capture wider range of input and triangulate views on issues.
- Use of JSNA key challenges for emerging strategy formulation.
- Production of 2012 JSNA synthesis report. (use life course template)
- Start to incorporate service utilisation and demand data into JSNA website.

- Select product for website infrastructure support and begin migration.

### **RECOMMENDATIONS**

1. That the Shadow Health and Wellbeing Board approve the draft terms of reference for the JSNA Group.
2. That the Shadow Health and Wellbeing Board agrees the 'next steps' as set out above.

Valerie A Little  
Director of Public Health  
(April 2012)

## National Wellbeing Debate



A word cloud of various factors related to wellbeing. The words are arranged in a non-uniform, overlapping manner. The largest words are 'community', 'government', 'health', and 'relationships'. Other prominent words include 'family', 'happiness', 'employment', 'environment', 'freedom', 'friends', 'education', 'equality', 'money', 'purpose', 'religion', 'respect', and 'security'. The words are in shades of blue and black.

belief choice community control education  
employment environment equality  
family freedom friends  
government health  
happiness relationships  
money purpose  
religion respect security



KEY CHALLENGES FROM JSNA	ISSUES IDENTIFIED FOR JOINT HEALTH AND WELLBEING STRATEGY BY HEALTH & WELLBEING BOARD MEMBERS
<p><b><u>Demographic change</u></b></p> <p><b>KF1:</b> Short term rise in number of births (2 – 300 more births per year now than 2000 &amp; will continue for 2 – 3 years and then drop).</p> <p><b>KF2:</b> Increase in numbers of ageing retirement group (set to rise by 7,500 in next 10 years).</p>	<p><i>'chain of plan of provision for maternity units'</i>  <i>'plan for future'</i>  <i>'midwifery training'</i>  <i>'care capacity'</i>  <i>'growth, education skills development – happy children'</i>  <i>'maternity capacity planning'</i>  <i>'health visitors'</i>  <i>'young mothers/deprivation'</i>  <i>'future teen pregnancy'</i>  <i>'schools'</i>  <i>'midwives'</i>  <i>'clinics'</i>  <i>'health care provision for maternal care'</i>  <i>'place planning for schools'</i>  <i>'review areas of children's centres'</i>  <i>'flow through consequences'</i></p> <p><i>'how we provide independence, choice of social interaction and meet existing medical demands'</i>  <i>'keeping fit'</i>  <i>'LTC and mental health'</i>  <i>'work/occupation'</i>  <i>'residential/social care'</i>  <i>'dementia'</i>  <i>'economic impact less providing for more'</i>  <i>'more time for voluntary activity etc'</i>  <i>'associated care needs'</i>  <i>'greater expectations'</i>  <i>'leisure activities'</i>  <i>'less family support – fragmented families'</i>  <i>'hospital beds'</i>  <i>'care workers'</i>  <i>'free bus passes'</i>  <i>'free prescriptions eg eye exams etc'</i></p>

	<p> <i>'keeping older people healthy'</i>  <i>'increase in access to support for LTC'</i>  <i>'workforce planning'</i>  <i>'care planning/community services'</i>  <i>'carer responsibilities'</i>  <i>'impact on health services generally'</i>  <i>'few having to support more through taxation'</i>  <i>'health care costs/issues'</i>  <i>'contribution to society'</i>  <i>'activity/exercise'</i>  <i>'health needs'</i>  <i>'acute/primary'</i>  <i>'pressure ulcers'</i>  <i>'health services'</i>  <i>'plans in individual care'</i>  <i>'long term conditions'</i>  <i>'relatives or voluntary agencies'</i>  <i>'dementia services'</i>  <i>'community services'</i>  <i>'offer an event'</i> </p>
<p><b><u>Inequality of Outcome</u></b></p> <p><b>KF3:</b> Though life expectancy has increased in Dudley, men from the most deprived one fifth still live 9 years less than those from the most affluent fifth</p>	<p> <i>'have we targeted activity against culture change/lifestyle choices? – smoking, weight etc – promote engagement with medical services (proactive)'</i>  <i>'targeted services in deprived areas'</i>  <i>'focus on men in deprived areas'</i>  <i>'deprivation overall'</i>  <i>'lifestyle/economic issues'</i>  <i>'morbidity'</i>  <i>'employment opportunities'</i>  <i>'expectations'</i>  <i>'health history (local heavy industry)'</i>  <i>'single parent families in certain areas'</i>  <i>'increase screening awareness in most deprived areas'</i>  <i>'targeted provision to Super Output Area'</i>  <i>'early intervention issues'</i>  <i>'economic wellbeing/mobility'</i>  <i>'issues of inequality/unfairness resentment, need to address, distribution resources'</i> </p>



	<i>'does health affect this?'</i> <i>'increased jobs'</i> <i>'aspirations'</i> <i>'more self esteem'</i> <i>'mortality in hospitals/never events'</i>
<b><u>Lifestyles</u></b>  <b>KF4:</b> Excessive consumption of alcohol (65,000 adult heavy drinkers; 1 in 20 14 – 15 year olds . 15 units last week)	<i>'key messages impact alcohol'</i> <i>'school focus and concept focus'</i> <i>'partnerships'</i> <i>'living well'</i> <i>'public protection services'</i> <i>'supporting services for alcoholism'</i> <i>'education'</i> <i>'alcohol issue – schools'</i> <i>'crime'</i> <i>'child safeguarding'</i> <i>'healthy lifestyles'</i> <i>'demand on services'</i> <i>'crime and disorder issues'</i> <i>'dual diagnosis'</i> <i>'co-morbidity'</i> <i>'availability of alcohol'</i> <i>'belief its acceptable – how do we change views?'</i> <i>'hospitalisation'</i> <i>'drink related illnesses'</i> <i>'alcoholism costs'</i> <i>'increase awareness of liver disease in healthcare workers'</i> <i>'health promotional activity with schools'</i> <i>'support to families'</i> <i>'community safety' – 'alcohol related crime/domestic abuse'</i> <i>'social attitude to alcohol'</i> <i>'potential for increase in accidents'</i> <i>'domestic violence' etc, 'alcohol related illnesses often hidden'</i> <i>'alcohol lifestyle'</i> <i>'working with pubs/clubs'</i> <i>'education'</i> <i>'every contact counts'</i>

<p><b>KF5:</b> Obesity (55,000 obese adults; 763 year 6 children obese)</p>	<p> <i>'easy access to activity'</i>  <i>'key messages to lifestyle &amp; food/nutrition'</i>  <i>'family approach'</i>  <i>'weight management services'</i>  <i>'long term interventions'</i>  <i>'education programmes'</i>  <i>'exercises/sport etc'</i>  <i>'LTC, keeping fit'</i>  <i>'diabetes/cancer etc'</i>  <i>'exercise'</i>  <i>'early intervention'</i>  <i>'role models'</i>  <i>'low self esteem'</i>  <i>'education'</i>  <i>'health issues'</i>  <i>'diabetes'</i>  <i>'cancer costs'</i>  <i>'larger beds – hospital'</i>  <i>'early prevention of increasing obesity'</i>  <i>'awareness of complications'</i>  <i>'early dependency on health care services'</i>  <i>'impact on family lifestyle'</i>  <i>'related health issues'</i>  <i>'possibility of parent outliving their children'</i>  <i>'education',</i>  <i>'exercise'</i>  <i>'food outlets'</i> </p>
<p><b><u>Detection of Ill Health</u></b></p> <p><b>KF6:</b> Blood pressure (currently ⅓ undetected)</p>	<p> <i>'living well'</i>  <i>'where and how we meet adults to take action'</i>  <i>'where can we meet them i.e. pubs, clubs, supermarkets etc?'</i>  <i>'screening target for practices'</i>  <i>'seek other opportunities to screen',</i>  <i>'trial to target'</i> </p>

	<p> <i>'knowledge amongst people'</i>  <i>'social marketing'</i>  <i>'need better GP care linked to alcohol/obesity – poor engagement'</i>  <i>'Increase in medical costs'</i>  <i>'hospitalisation'</i>  <i>'more training/nurses'</i>  <i>'ethnic advertising'</i>  <i>'increase in screening for hypertension'</i>  <i>'awareness'</i>  <i>'increase in awareness of treatment and what is the 'best' treatment'</i>  <i>'potential for strokes/heart attacks'</i>  <i>'higher dependency on health services'</i>  <i>'screening/targetting'</i>  <i>'related conditions, heart attack, stress'</i>  <i>'understanding of cause/effect'</i>  <i>'increase primary care recognition'</i>  <i>'improve lifestyle, re-education',</i>  <i>'primary care, INR, diabetes'</i> </p>
<p><b><u>Trends in Premature Deaths</u></b></p> <p><b>KF7:</b> Big killers are still CVD and cancer</p>	<p> <i>'smoking'</i>  <i>'lifestyle'</i>  <i>'support and choices'</i>  <i>'nutrition'</i>  <i>'links to high level tests – pathways'</i>  <i>'accidents'</i>  <i>'telecare – take up and use'</i>  <i>'screening programme'</i>  <i>'healthy life/living'</i>  <i>'lifestyle, screening'</i>  <i>'smoking – alcohol – obesity – all contributors and high blood pressure'</i>  <i>'more training and public awareness changing life choices'</i>  <i>'increase awareness of modifiable factors, early detection and best treatment'</i>  <i>'early detection/screening: hospice palliative care'</i>  <i>'what preventive action is needed/provided?'</i>  <i>'smoking, alcohol, exercise'</i>  <i>'education, school, jobs'</i> </p>

<p><b>KF8:</b> Though premature mortality is decreasing for CVD and Cancer – its increasing for accidents and COPD is static</p>	<p><i>'COPD – strategies and smoking'</i>  <i>'health and safety'</i>  <i>'primary care management'</i>  <i>'accidents – partners'</i>  <i>'cost of hospital etc'</i>  <i>'increase in quality of care, engaging practices and patients in knowing what can be done for them'</i>  <i>'accident prevention service'</i>  <i>'need for better understanding/awareness within population as a whole'</i>  <i>'road safety education'</i>  <i>'smoking',</i>  <i>'increase services and recognition'</i></p>
<p><b><u>Social Determinants</u></b></p> <p><b>KF9:</b> Unemployment has hit 16 – 24 year old hardest.</p>	<p><i>'NEETS – working with LEP and partners'</i>  <i>'work experience'.</i>  <i>'apprenticeships'</i>  <i>'key education links colleges and qualifications'</i>  <i>'mental health services'</i>  <i>'prevention suicide'</i>  <i>'jobs'</i>  <i>'less to care for ageing'</i>  <i>'impact on health and wellbeing'</i>  <i>'linked to job creation/regeneration programmes'</i>  <i>'many have no role model'</i>  <i>'welfare costs'</i>  <i>'boredom'</i>  <i>'junk foods'</i>  <i>'finding ways of keeping young people engaged and learning until they find employment'</i>  <i>'child poverty and neglect, generates lifestyle issues for 16 – 24 year olds – economic impact'</i>  <i>'Jobs stimulate market'</i>  <i>'mental health'</i>  <i>'mentorship'.</i>  <i>'exercises'</i></p>

<p><b><u>Ageing Carers</u></b></p> <p><b>KF10:</b> Number of people with learning disability living with older carers is increasing.</p>	<p><i>'peak demands of support for independent living'</i></p> <p><i>'support for carers'</i></p> <p><i>'plans for long term disability'</i></p> <p><i>'supporting carers – at home'</i></p> <p><i>'less older people to care for them – more independent living required'</i></p> <p><i>'care services'</i></p> <p><i>'more reliance on family members and then on council respite sheltered housing'</i></p> <p><i>'support for carers who are becoming no longer able to care for dependents'</i></p> <p><i>'implications for pattern of services for long term disabilities'</i></p> <p><i>'family issues, if hidden they are not responded to'</i></p> <p><i>'support for families'</i></p> <p><i>'health care checks'</i></p> <p><i>'LES'</i></p> <p><i>'long term disabilities'</i></p> <p><i>'patient experience'</i></p>
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**JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) GROUP****DRAFT TERMS OF REFERENCE**

The JSNA Group will:

- Oversee & coordinate the production & distribution of the JSNA process and products on behalf of the Shadow Health & Wellbeing Board.
- Promote linkage between JSNA and commissioning outputs across agencies.
- Prepare synthesis of relevant JSNA outputs to inform key decision makers and support effective decisions.
- Support the efficient pulling together of relevant data and intelligence sources.
- Ensure that the JSNA both reflects community voices and enables community access to key data and intelligence.

Frequency of meetings: Every 6 – 8 weeks for 2012 and then review

Accountability: Health & Wellbeing Improvement Team

Secretariat: Chris Morey, Administrations Assistant, Dudley Community Partnership Staff Team

**Joint Strategic Needs Assessment (JSNA) Group****Members Nominated by Partners/Dudley MBC Directorates**

<b>Name</b>	<b>Job Title</b>	<b>Organisation/Directorate</b>
Shobha Asar-Paul	Head of Policy & Performance	Dudley MBC - Directorate of Adult, Community & Housing Services (DACHS)
Helen Barlow	Head of Service Private Sector Housing	Dudley MBC - Directorate of Adult, Community & Housing Services (DACHS)
Clair Blunn	Research & Intelligence Officer	Dudley MBC - Chief Executive's Directorate
Neill Bucktin	Management Lead for Dudley Clinical Commissioning Group	Dudley PCT - Clinical Commissioning Group
Brendan Clifford	Assistant Director of Policy, Performance and Resources	Dudley MBC - Directorate of Adult, Community & Housing Services (DACHS)
Peter Cox	Strategy Manager, Economic Wellbeing	Dudley MBC - Directorate of Children's Services
Bob Dimmock	Performance & Commissioning Manager	Dudley MBC - Community Safety
Jenny Dixon	Performance Co-ordinator/Manager	Dudley Community Partnership
Nighat Hussain	Planned Care Commissioning Lead & Acute Services Liaison	Dudley PCT - Clinical Commissioning Group
Valerie Little	Joint Director of Public Health	Dudley PCT/Dudley MBC – Public Health and Shadow Health & Wellbeing Board member
Ian McGuff	Assistant Director, Quality and Partnership	Dudley MBC - Directorate of Children's Services
Angela Moss	Senior Public Health Intelligence Specialist	Dudley PCT - Public Health
Dolores Nellany	Food & Occupational Safety Manager	Dudley MBC - Directorate of Urban Environment (DUE)
Andrew Packer	Head of Commissioning Unit DACHS	Dudley MBC - Directorate of Adult, Community & Housing Services (DACHS)
Roy Perrett	Manager for Care Management North, Children's Specialist Services	Dudley MBC - Directorate of Children's Services
Jane Prasher	Manager Children's Specialist Services/Children's Resources	Dudley MBC - Directorate of Children's Services
Annette Roberts	Planning Policy Manager	Dudley MBC - Directorate of Urban Environment (DUE)
Pauline Sharratt (or Rep)	Assistant Director Children and Families	Dudley MBC - Directorate of Children's Services
Maggie Venables	Assistant Director for Older People & Physical Disability	Dudley MBC - Directorate of Adult, Community & Housing Services (DACHS)
Andy Webb	Head of Sport & Physical Activity	Dudley MBC - Directorate of Urban Environment (DUE)
Mike Wood	Head of Children's Trust Support	Dudley MBC – Directorate of Children's Services
Andy Wright	Head of Corporate Policy & Research	Dudley MBC - Chief Executive's Directorate
Julia Simmonds	Health Advisor Dudley Children's Services	Dudley MBC - Directorate of Children's Services
VCFS Representative (s)	To be advised by Dudley CVS	