

Hull Joint Strategic Needs Assessment (JSNA) Consultation Event

The Octagon, Hull
25 September 2008
Ronan Segrave, Dr Stephen Boxford &
Will Reynolds

Welcome


- Thank you for inviting us today
- Introductions



Agenda

10.00 -10.15	Welcome and Introductory Remarks – Dr Andrew Taylor, Assistant Director of Public Health Hull Teaching PCT. Angela Dunn, Head of Service for Community Care Services, Hull City Council
10.15 -11.00	Summary of work undertaken to date on Hull’s JSNA: Findings, Gaps and Priorities – Dr Stephen Boxford & Will Reynolds, Cordis Bright
11.00 -11.15	Emerging Recommendations from Hull’s JSNA – Ronan Segrave, Cordis Bright
11.15 -11.30	Tea & Coffee
11.30 -12.15	Table Discussions on Priorities
12.15 -12.45	Feedback from Table Discussions
12.45 -13.00	Next Steps & Concluding Remarks - Dr Andrew Taylor, Assistant Director of Public Health Hull Teaching PCT
13.00	Lunch & Close

Welcome

- **Welcome and Introductory Remarks**
 - **Angela Dunn, Head of Service for Community Care Services, Hull City Council**
 - **Dr Andrew Taylor, Assistant Director of Public Health Hull Teaching PCT**
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Summary of work undertaken to date on Hull's JSNA

- **Summary of work undertaken to date on Hull's JSNA: Findings, Gaps and Priorities – Dr Stephen Boxford & Will Reynolds, Cordis Bright**

What is the JSNA?

- Joint duty on Hull City Council & Hull Teaching PCT under Local Government & Public Involvement Health Act 2007
- “a process which will identify the current and future wellbeing needs of a local population, informing the priorities and targets set by Local Area Agreements and leading to agreed commissioning priorities that will **improve outcomes and reduce health inequalities**”

Key focus – Providing the evidence

- Understanding the current and future health and well-being needs of the local population over both the short-term (three to five years) to inform Local Area Agreements (LAAs) and the longer-term (five to ten years) to inform strategic planning
- Commissioning services and interventions that will achieve better health and well-being outcomes and reduce inequalities. In particular, the guidance states that JSNA will address the outcomes contained in the National Indicator Set for local government and the Vital Signs for PCTs.

In Summary - Purpose of JSNA

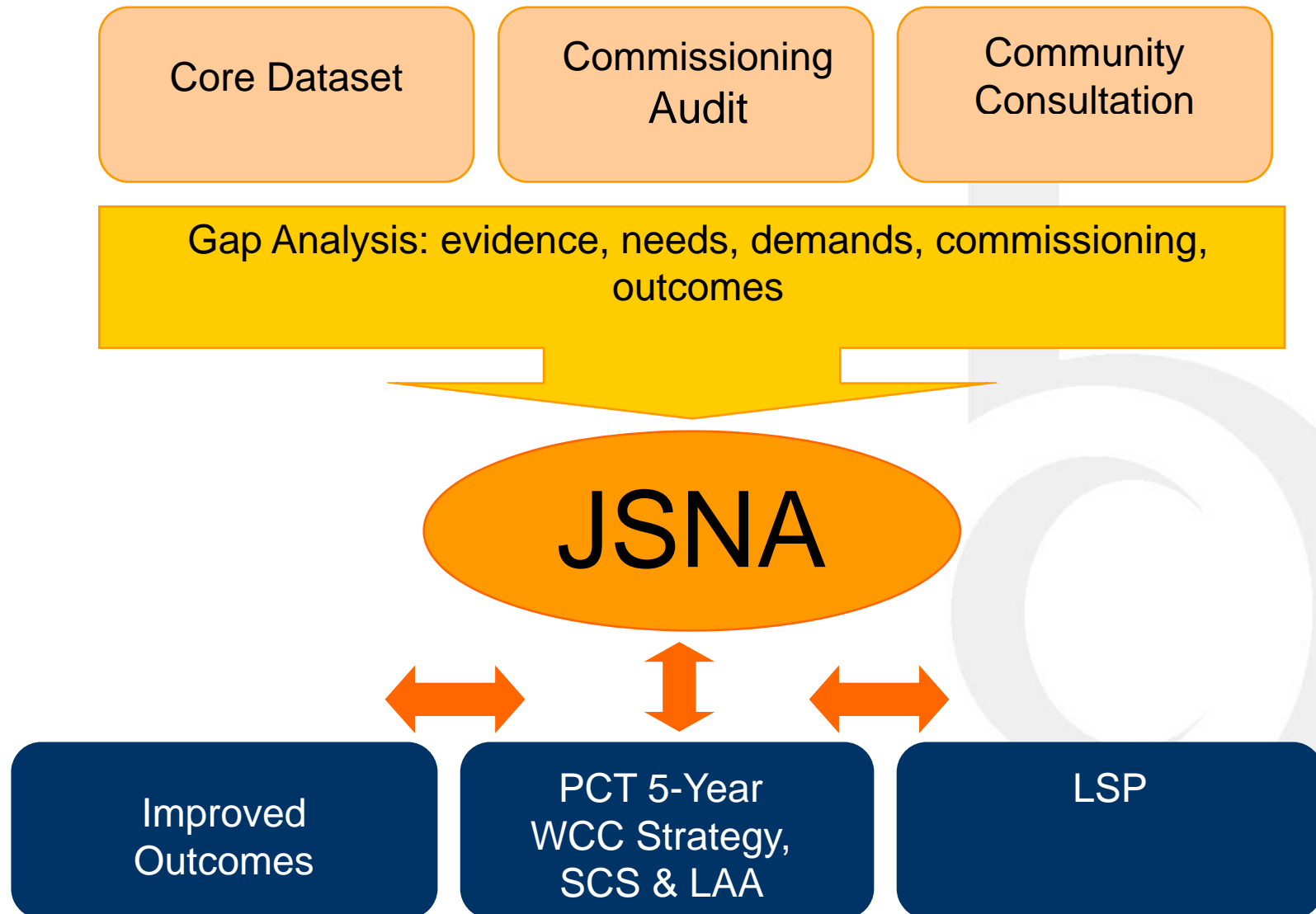
- To inform strategic priorities (short & longer-term) feeding into revised Sustainable Community Strategy, LAA targets & World Class Commissioning (5-year strategy)
- To identify areas where commissioning can develop
- To identify areas where knowledge can develop
- To support addressing gaps in inequalities & delivery of improved outcomes

JSNA - What it isn't

- Not the whole commissioning process
- Not the plan to deliver changes in service delivery



Role of JSNA in achieving improved outcomes



Progress to date

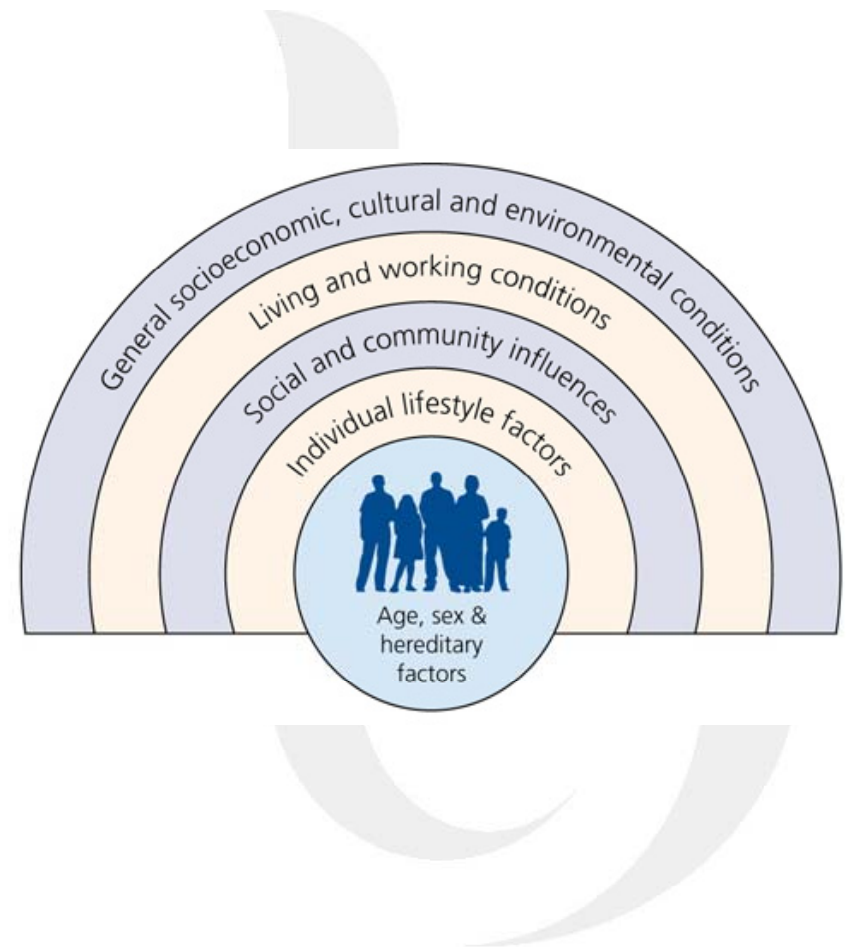
- Produced **initial early drafts** of the Summary JSNA & the Core JSNA Dataset – the evidence which supports the analysis
- Received feedback from JSNA Steering Group which will drive next steps

Initial JSNA Findings - Population overall

- Hull's population is 256,215 (ONS 2006 mid-year estimate)
- While projected population estimates vary, consensus that Hull's population will increase slightly over the next two decades
- Estimates vary also for the Black Minority Ethnic (BME) population between 6% and 8% - further growth expected until 2030
- Migration from EU accession countries has increased dramatically over the last couple of years
- Number of people aged 65 years and over will increase by about 10,000 by 2025

Multiple deprivation is the most important driver of poor health...

- Ranked 11 in Index of Multiple Deprivation
- Over one third of children live in poverty
- Employment rates lower than England & Regional averages
- Housing Quality and Availability
- Demographic pressures
- Biggest killers CHD, lung cancer, Stroke & other circulatory diseases and COPD



..along with lifestyle & risk factors...

- Smoking
- Alcohol Consumption
- Eating Habits
- Physical Activity
- Obesity
- Sexual Health & Conceptions



Life Expectancy

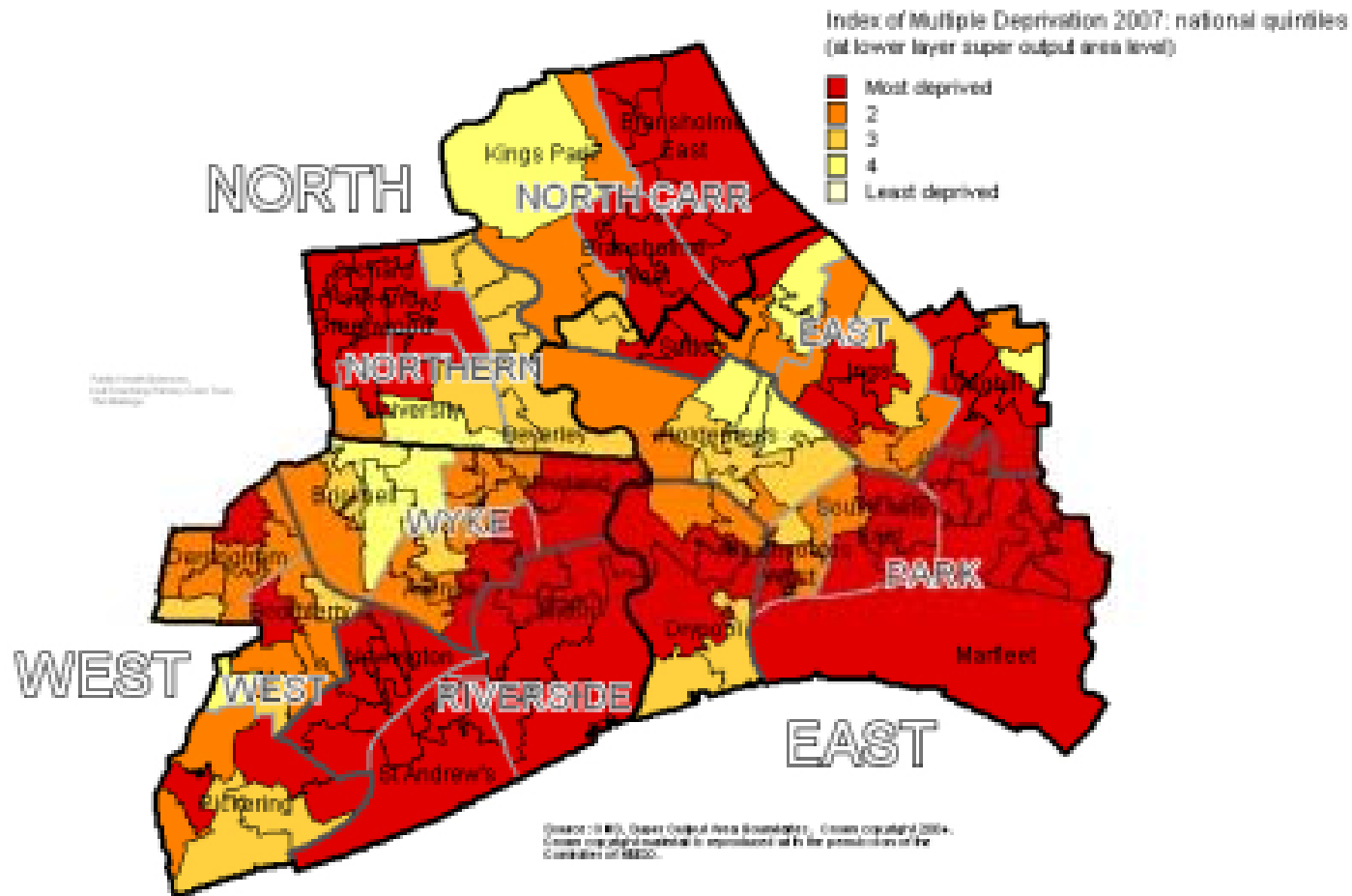
- The healthy life expectancy for people aged 65 years or over living in Hull is over 20 months less than the national average for both men and women and is almost a year less for both sexes compared to regional averages.

Deprivation – Social, Economic and Environmental Factors (1)

Deprivation

- Hull was ranked as the 11th most deprived local authority out of the 352 in England. More than half the people living in Hull live in areas which are defined as the most deprived 20% of areas nationally and a further quarter live in areas in the next most deprived quintile nationally. None of Hull's residents live in geographical areas defined nationally as the 20% least deprived.

Deprivation – Social, Economic and Environmental Factors (2)



Deprivation – Social, Economic and Environmental Factors (3)

Deprivation

- This means deprivation and its associated health and social problems are spread throughout the city rather than concentrated in particular areas.
- Nearly a quarter of the city's households suffer income deprivation affecting 36% of Hull's children and 26.8% of people over 60.
- 48% of households in Hull had no car or van in 2001.

Hull – Biggest Killers (1)

Coronary Heart Disease

- Coronary Heart Disease is the largest single cause of death in Hull (as it is in England) accounting for 1 in 6 deaths. All ages mortality rates for CHD stood at 127 per 100,000 for the period 2004-06. CHD accounted for 21.1% of male deaths under the age of 75 years between 2002-05 and 14.5% of female deaths in Hull for the same period.

Hull – Biggest Killers (2)

Cancer

- Between 2004-06, there was a mortality rate of 147 per 100,000 population under 75 years in Hull for 'All cancers'. Between 2002-05, lung cancer accounted for 12% of male deaths and 11% of female deaths under 75 years whilst 'Other cancers' accounted for 22.2% of male deaths and 27.1% of female deaths under 75 years.
- In Hull, one-third of all premature (under 75) cancer deaths during 2001-2004 were due to lung cancer
- Reducing the mortality rate from all cancers at ages under 75 is a Local Area Agreement target

Hull – Biggest Killers (3)

Circulatory Diseases

- The all circulatory diseases mortality rate was 114 per 100,000 population aged under 75 years between 2004-06. Stroke accounted for 5.3% of male deaths and 7.4% of female deaths between 2002-05. Other diseases of the circulatory system accounted for 5.7% of male and female deaths for the same period.
- Reducing the mortality rate from all circulatory diseases at aged under 75 is a Local Area Agreement target

Hull – Biggest Killers (4)

Chronic Obstructive Pulmonary Disease

- Chronic Obstructive Pulmonary Disease (COPD) was the cause of 4% of male deaths and 5.6% of female deaths amongst Hull's under 75 years population between 2002-05. Other respiratory diseases accounted for 2.8% of male and 3.5% of female deaths for the same population and time period.

Hull – Biggest Killers (5)

Infant Mortality

- For the period 2004-2006, there were 5.3 infant deaths under 1 year of age per 1,000 live births in comparison to an English rate of 5 infant deaths under 1 year of age per 1,000 live births.

Hull – All Age All Causes Mortality

- There were 4,029 deaths for under 75s in Hull between 2002-2005.
- In 2006 there were 752 deaths from all causes per 100,000 in Hull in comparison to 621 per 100,000 in Yorkshire & Humber and 592 per 100,000 in England.

JSNA Priorities Scorecard

- We took an independent, objective view based on our analysis of data supplied to us by Hull Teaching PCT and Hull City Council to determine a set of suggested priorities
- There is a very strong **correlation with improvement targets proposed for Hull's Local Area Agreement for the period 2008-11**

Hull JSNA Priorities Scorecard - Key

Key					
	Local Area Agreement priority				
↑	Improving				
=	No or negligible change over the last few years				
↓	Deteriorating				
	Currently meeting targets (or on course to meet them)				
	Performing adequately but not meeting targets (or not on course to)				
	Not improving, not meeting targets				
	No related targets				
No national targets	Data not available				
NA	Not applicable				

Hull JSNA Priorities Scorecard (1)

Measure	Direction of progress	Traffic light assessment		Local and national comparisons	
		Meeting local targets?	Meeting national targets?	Better than Yorkshire & Humber average/rate?	Better than national average/rate?
Index of Multiple Deprivation	↑	Orange	Red	✗	✗
Employment					
Overall Employment Rate (NI 151) is an LAA Target	↓	Red	Red	✗	✗
Average earnings					
Average earnings of employees in the area (NI 166) is an LAA target	↓	Orange	Red	✓	✗
Decent Council Homes					
Reaching the target for Decent Council Homes (NI 158) is an LAA target	↑	Red	Red	✗	✗
Alcohol					
Alcohol-harm related hospital admission rates (NI 39) is an LAA target	↑	Red	Red	✗	✗
Conceptions					
Under 18 Conception rate (NI 112) is an LAA Target	↑	Orange	Red	✗	✗
Smoking					
Stop smoking (NI 123) and 16+ current smoking rate are LAA targets	No longitudinal data	Red	Red	✗	✗
Smoking during pregnancy	↑	Red	Red	✗	✗
Mortality from all causes	↑	Orange	Red	✗	✗

Hull JSNA Priorities Scorecard (2)

Measure	Direction of progress	Traffic light assessment		Local and national comparisons	
		Meeting local targets?	Meeting national targets?	Better than Yorkshire & Humber average/rate?	Better than national average/rate?
Circulatory diseases Mortality rate from all circulatory diseases at ages under 75 (NI 121) is an LAA target	↑	Green	Orange	✗	✗
Stroke	↑	Green	Orange	✗	✗
Cancer Mortality from all cancers at ages under 75 (NI 122) is an LAA target	↑	Green	Orange	✗	✗
Obesity	↑	Orange	Red	✓	✓
Substance misuse Drug users in effective treatment (NI 40) is an LAA Target	No longitudinal comparative data	Orange	Red	✗	✗
Chronic Obstructive Pulmonary Disorder (COPD)	↑	Orange	No National targets for COPD	✗	✗
Infant mortality	No longitudinal comparative data	Green	Orange	✓	✗

Short term and long term priorities (1)

Focus	Year									
	1	2	3	4	5	6	7	8	9	10
Service reconfiguration/expanding access/Joint commissioning/targeting to reduce inequalities/focus on biggest killers from the priorities scorecard	Yellow	Yellow	Yellow	White	White	White	White	White	White	White
Addressing lifestyle/risk factors (obesity, smoking, sexual health, drinking etc.). Community engagement	Orange	Orange	Orange	Orange	Orange	White	White	White	White	White
Service modernisation	Light Orange	Light Orange	Light Orange	Light Orange	Light Orange	White	White	White	White	White
Infrastructure developments	Dark Orange	Dark Orange	Dark Orange	Dark Orange	Dark Orange	Dark Orange	Dark Orange	Dark Orange	White	White

Short term and long term priorities (2)

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Access & Joint Commissioning	<ul style="list-style-type: none"> Virtual Joint Intelligence Unit Integrated Teams & Joint Services Locality commissioning & PBC Analytical & predictive modelling tools Gaps Redesigning care pathways Performance monitoring 		<ul style="list-style-type: none"> Positive direction for all JSNA scorecard priorities More targeted services on key vulnerable client groups Predictive modelling tools at locality level Needs assessment for sexual health Improved joint performance processes 						<ul style="list-style-type: none"> Fully integrated community based well-being services Major redesign of care pathways with more care delivered in home and community settings Whole-system real-time data Performance monitoring at postcode level Individually targeted services 	
Lifestyle & risk factors	<ul style="list-style-type: none"> Reducing obesity amongst primary school children and adults Reducing Under 18 conception rate Improved diet & eating habits Smoking, drinking & sexual health – social marketing Reduction in substance misuse 		<ul style="list-style-type: none"> Reduced rates of obesity in primary schools children Reduced under 18 conception rate More adults living healthier lifestyles Reductions in smoking, binge drinking and STDs Reductions in younger adults with LTCs 						<ul style="list-style-type: none"> Behaviour change fully embedded with sustained reductions in obesity rates for primary school children Gains from 08/09 showing for younger adults with reductions in biggest killers & LTCs Big reductions in smoking rates and binge drinking Big reduction in under 18 conception rate 	
Service Modernisation	<ul style="list-style-type: none"> Supported housing for people with learning difficulties, mental health difficulties, teenage parents & older people More personalised services 		<ul style="list-style-type: none"> More adults living independently New supported housing AT mainstreamed & increase in housing adaptations All adults have a personal budget 						<ul style="list-style-type: none"> Independent living for all Full range of supported housing schemes Fully developed local market Enablement mainstreamed 	
Infrastructure	<ul style="list-style-type: none"> Regeneration Housing & transport Economic development Reducing worklessness Reduction in child poverty 		<ul style="list-style-type: none"> New housing & transport Growth in local SMEs & more support for long-term unemployed Year on year reductions in child poverty 						<ul style="list-style-type: none"> All housing is high standard Large reduction in child poverty Fully accessible transport links Large reduction in unemployment 	

Successes (1)

- Hull has made real progress in some key area in the context of the level of deprivation and meeting challenging local and national targets
- Mortality for all ages per 100,000 fell from 760 in 2005 to 752 in 2006
- Hull's rate of mortality from all circulatory diseases under 75 years fell between from 117 per 100,000 population in 2004 to 111 in 2006
- Hull's rate of mortality from cancer under 75 years fell between from 154 per 100,000 population in 2004 to 150 in 2006 – If this trend continues the LAA target for cancer will be reached

Successes (2)

- In 2007, 67% of men and 55.9% of women were overweight or obese (61.4% on average). These rates were lower than the English 2006 average of 63.7% (Men: 68.6%; Women: 58.8%)
- For children, while levels are high, the trends are encouraging. Local data shows a fall in obesity amongst reception year girls and Year 6 children (both sexes)

Short-term Priorities (2008-11) (1)

- The key short-term priorities have been identified from the JSNA Priorities Scorecard
- Areas where Hull has recognised that more progress needs to be made (**all LAA improvement targets**) are:
 - Employment rate
 - Average earnings
 - Decent council homes
 - Smoking (aged 16+)
 - Alcohol consumption
 - Substance misuse
- Hull may also wish to consider the following as on-going priorities:
 - COPD
 - Obesity (Adults and reception year boys)

Short-term Priorities (2008-11) (2)

- A key challenge for Hull is **accelerating the rate of current positive progress on measures that are moving in the right direction** (under 18 conceptions, smoking during pregnancy, circulatory diseases and cancer) to ensure that local and national targets are achieved, that inequalities are reduced and that better outcomes are achieved in the short-term.
- Hull may wish to consider using the JSNA process as a tool with which to continue to develop more targeted commissioning approaches which focus on specific, vulnerable sub-groups of the population amenable to change i.e. are there specific issues for women such as not visiting their doctor after transient ischaemic attacks?

Medium to Longer-term Priorities (5-10 years) (1)

- Over the medium to longer-term the JSNA analysis has identified the following issues:
- The impact of demographic change:
 - Increasing BME population
 - Increasing migration
 - Ageing population and the challenges this may present (e.g. increasing rates of dementia, increasing pressure on services)
 - Increasing number of adults with severe learning difficulties living longer and with ageing carers

Medium to Longer-term Priorities (5-10 years) (2)

- Personalisation policy agenda in the context of rising expectations and service modernisation in the context of tighter funding settlements
- Impacting on improving behavioural and lifestyle outcomes for Hull's population including targeting groups.
- The impact of economic development and regeneration in relation to reducing poverty and deprivation and how this may impact on improved health and well-being outcomes.

Knowledge Development (1)

- The JSNA process has revealed areas where knowledge and its use could be further developed. The following provides examples of where developments could be made.

Knowledge Development (2)

- Hull may also wish to consider including education data as part of their JSNA core data-set going forward.
- This is not stipulated in Department of Health guidance but may assist in building a more complete evidence base for Hull going forward.

Knowledge Development (3)

- Achieving more performance data which will help demonstrate where interventions are successfully impacting on outcomes.
- This data could be linked into the JSNA process to help decision making processes going forward.
- Having a greater handle on what interventions are working and what are not and why will allow Hull to make more evidence led decisions.

Knowledge Development (4)

- Some examples of where performance data may assist Hull include:
 - What interventions are most effective in terms of improving outcomes for people regarding alcohol, smoking, and health and well-being.
 - What factors are most effective in terms of improving cancer survival rates
 - Such performance data could be more focused on impact and outcomes, rather than on outputs and activity.

Knowledge Development (5)

- Hull may wish to consider as part of the JSNA process setting up and building on more systematic engagement and consultation routes with groups that may be considered “hard-to-reach” and also groups about which more evidence may assist services. For instance, Hull may wish to consider targeting engagement and consultation at groups including:
 - Veterans
 - Those with physical disability and sensory impairment
 - BME communities
 - Those with Mental Health issues
 - Young mothers
- The above is by no means a definitive list but rather shows what types of group Hull may wish to have more knowledge about.
- Such consultation and engagement could feed into a refresh of the JSNA.

Knowledge Development (6)

- Sharing and formulating joint approaches and strategies
- Disseminating knowledge and formulating joint approaches and strategies that address improving outcomes
- Disseminating knowledge and information externally in terms of social marketing (building on the work that Hull is already doing in relation to smoking, alcohol, obesity and domestic violence), participative approaches and involving the community in Hull's achievements

Developing Commissioning (1)

- Substance misuse services – for example, floating support based services for women who are victims of domestic violence with drug dependency issues
- The needs of veterans are fully taken into account in revised commissioning strategies
- JSNA findings would support commissioning strategies that may target and identify groups where outcomes may be improved both in the short- and long-term. This could, for example, a focus on groups commonly referred to as “hard-to-reach”.

Developing Commissioning (2)

- The JSNA is used to build on the considerable investment Hull has already made in social marketing approaches in relation to smoking, obesity, exercise, alcohol and domestic violence and strengthening community engagement approaches
- Consideration of more robust performance management approaches to services which identifies what works and why, and what does not work and why in relation to improving outcomes.

Developing Commissioning (3)

- Hull tPCT and Hull City Council should continue and build on the current Health Impact Assessment activity in order to ensure that health impacts are at the heart of commissioning strategy decisions. This information should form part of the reiterative process of JSNA.
- Over the longer term, commissioning which is “transformational” will require enabling changes in attitudes, knowledge and behaviours from targeted, vulnerable population groups who are amenable to change.

Developing Commissioning (4)

- Commissioning should take account of a context where demographic pressures and resource constraint combined with changing expectations (personalisation) are bringing real challenges in relation to service reconfiguration and modernisation with difficult decommissioning challenges.
- The JSNA is used to support a continuing shift towards early intervention and preventative services, including ensuring access for all population groups to universal services (for example, leisure services in relation to taking more exercise). This will contribute to improved health and well-being outcomes

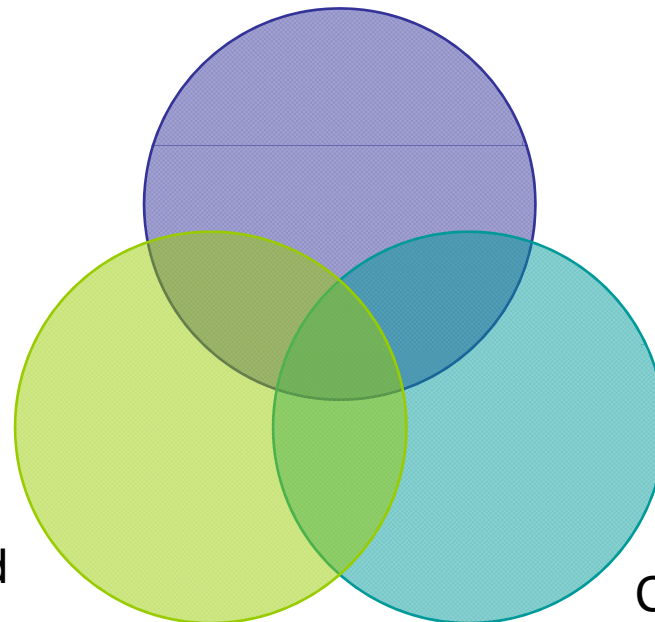
Developing Commissioning (5)

- The JSNA should assist Hull to ensure that it is providing outcomes for its population. These can be identified as:
- Individual care and support outcomes such as effective care & support pathways that enable independent living (e.g. NHS Next Stage Review, personalisation etc)
- Shared health and care outcomes in terms of gains for specific or general communities through service improvement or redesign or new services, including reducing inequalities - reflected in **shared** LAA improvement targets
- Community outcomes which may not relate directly to health and care activity but could result from improvements in another part of the system, for instance through a regeneration programme that enables well-being gains – taking account of the LAA as a whole.

“Outcomes” are achieved at three levels –JSNA is concerned with shared health and care outcomes and how they contribute to wider community outcomes...

Individual care and support outcomes

e.g. effective care & support pathways that enable independent living – Darzi, personalisation etc.



Shared health and care outcomes

gains for specific or general communities through service improvement or redesign or new services, including reducing inequalities - reflected in **shared** LAA improvement targets

Community outcomes

that may not relate directly to health and care activity but could result from improvements in another part of the system, for instance through a regeneration programme, that enable well-being gains – taking account of the LAA as a whole

Initial Conclusions and Recommendations

- **Initial Conclusions and Recommendations**
Ronan Segrave, Cordis Bright



Initial Conclusions and Recommendations (1)

1. The JSNA is used to build on the good work already underway through the One Hull Partnership and to further strengthen cross-cutting, partnership working feeding into the development of a revised Community Strategy with a clear focus on tackling the key priorities identified through the JSNA
2. The findings of the JSNA drive any proposed revisions, changes or additions to local improvement targets in the new Local Area Agreement

Initial Conclusions and Recommendations (2)

3. The findings of the JSNA are used to directly impact revised commissioning strategies including the 5-year Commissioning Strategy Hull tPCT is currently preparing for the World Class Commissioning Assurance process. Revised or new joint commissioning strategies developed from 2009-10 should evidence a direct linkage to the JSNA findings
4. JSNA is used to ensure that strategic crosscutting issues such as the importance of housing, transport and age-proofing mainstream services are fully considered in relation to developing new or revised joint commissioning strategies for specific population groups such as older people
5. JSNA becomes embedded across both Hull PCT and Hull City Council as a continuous rather than a one – off/annual process

Initial Conclusions and Recommendations (3)

6. JSNA is used to strengthen/change performance management and evaluation processes in order to ensure direct linkages (“what works”) can be made to individual outcomes, outcomes achieved as a result of specific services and interventions for targeted population groups and wider population/strategic outcomes

Initial Conclusions and Recommendations (4)

7. Hull Teaching PCT and Hull City Council should use the JSNA to foster joint working in quantitative data collection and statistical analysis. The organisations should explore new ways of drawing main messages from the large quantities of qualitative data which will be gathered within the Council Panel project and the PCT Listening Exercise and Membership scheme. The JSNA steering group should build on existing predictive modelling activities in order to foster better understanding of impacts of strategies.

Initial Conclusions and Recommendations (5)

8. Hull tPCT and Hull City Council should continue and build on the current Health Impact Assessment activity in order to ensure that health impacts are at the heart of strategy decisions. This information should form part of the reiterative process of JSNA.
9. The JSNA is used as the basis to further strengthen joint commissioning arrangements between Hull tPCT and Hull City Council with a focus on redesigning key care pathways across, in particular, health, housing and adult social care.

Initial Conclusions and Recommendations (6)

10. The JSNA is used to promote improved health and well-being in Hull across all sectors including employers and the business community
11. The JSNA is used as an evidence base to support an increased focus on community empowerment and increasing social capital including consideration of 'Connected Care' models based on a whole system approach targeted at the most deprived areas of Hull
12. The findings of the JSNA should be communicated as widely as possible in the context of stimulating innovative responses from providers and the voluntary and community sector

Table Discussions on Priorities

- **Table Discussions on Priorities, Dr Stephen Boxford & Ronan Segrave, Cordis Bright**



Table Discussions on Priorities (2)

- **How far do you agree / disagree with the JSNA recommendations outlined this morning?**
- **How surprised were you by the findings in Hull's JSNA?**
- **In your opinion has the work undertaken so far on Hull's JSNA missed anything important out? If it has what is this and where can it be evidenced (if it needs to be)?**
- **From this morning's presentation, what do you think the most important things are that the JSNA process has provided Hull?**

Feedback from Table Discussions

- **Facilitation of Table Discussions on Priorities, Dr Stephen Boxford & Ronan Segrave, Cordis Bright**



Next Steps & Concluding Remarks

- **Next Steps and Concluding Remarks – Dr Andrew Taylor, Assistant Director of Public Health Hull Teaching PCT**

Next Steps & Concluding Remarks (1)

- We will place on the website <http://www.jsnaonline.org/> over the next few days
 - A Draft Summary of the JSNA findings, priorities and recommendations
 - The JSNA Core Dataset which underpins the analysis contained in the Draft Summary document
 - The powerpoint slides used today
 - A questionnaire which can be submitted online similar to the questions used in our table discussions today

Next Steps & Concluding Remarks (2)

- We will look at all of the feedback from the table discussions in relation to finalising the JSNA
- We really want to hear any further views you may have and the questionnaire will be available online for a further four weeks
- We intend to publish the final version of the JSNA by the end of October

Next Steps & Concluding Remarks (3)

- Thank you for attending this important event today

