Manchester Health and Wellbeing Board
Report for Resolution

Report to: Health and Wellbeing Board - 31 August 2016

Subject: Joint Strategic Needs Assessment for Adults and Older People

Report of: Hazel Summers, Strategic Director, Adult Social Services
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Summary

The Joint Strategic Needs Assessment (JSNA) is one of the statutory responsibilities of the Health and Wellbeing Board. A refreshed JSNA for Children and Young People was delivered last year and work is now underway to refresh the sections of the JSNA website which focus on Adults and Older People. A robust JSNA for all of the lifecourse areas is an important factor in the creation of a single commissioning function, as set out in the Locality Plan.

Recommendations

The Health and Wellbeing Board is invited to:

i) agree to the proposed core content for the refreshed JSNA for Adults and Older People referenced in section 5;
ii) agree that staff from all of the Health and Wellbeing Board member organisations will contribute to the work as outlined in section 6;
iii) agree to receive a report once the first phase of the Adults' and Older People's JSNA refresh is complete in January 2017;
iv) agree that the JSNA should be overseen by the Joint Commissioning Executive.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The JSNA is a compendium of evidence about the city's health needs. It provides data and intelligence about the wider determinants of health as well as a range of issues and conditions which impact on health and wellbeing for different areas of the lifecourse. The JSNA provides the evidence which underpins the priorities within the Health and Wellbeing Strategy and which informs decision-making and case-making.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	

Self-care	Most importantly the JSNA informs commissioning decisions about the services which will deliver the priorities set out in the Health and Wellbeing Strategy.

Lead Board member: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

The JSNA can be accessed via the JSNA website at http://www.manchester.gov.uk/jsna

Report to the Health and Wellbeing Board (11 November 2015): 'Joint Strategic Needs Assessment for Children and Young People'

Report to the Health and Wellbeing Board (9 March 2016): 'Joint Strategic Needs Assessment - Children and Young People'

1. Introduction

1.1 The Joint Strategic Needs Assessment (JSNA) is one of the statutory responsibilities of the Health and Wellbeing Board. The JSNA is a compendium of evidence about the health needs of the city's population and the opportunities for addressing them. Health and social care commissioners are obliged to have "due regard" for the JSNA in exercising their functions.

1.2 Manchester's first JSNA was published in 2008, and has continued to be refreshed since that time. Since 2012, the JSNA has been web-based and in 2014/15 the content was restructured around the life course areas (children and young people, adults and older people). All of the JSNA material is available online at www.manchester.gov.uk/jsna.

1.2 A refreshed JSNA for Children and Young People was delivered last year and, as agreed by the Health and Wellbeing Board in March, work is now underway to refresh the sections of the JSNA website which focus on Adults and Older People. A robust JSNA for all of the lifecourse areas is an important factor in the creation of a single commissioning function, as set out in the Locality Plan.

2. Health inequalities in Manchester: the latest evidence

2.1 The continued importance of work to tackle health inequalities in Manchester is illustrated by data provided in the latest update of Public Health England's Life Expectancy Segment tool (published 18 May 2016). This tool provides information on life expectancy and the causes of death that are driving inequalities in life expectancy at local area level based on data for 2012 - 2014. Targeting the causes of death which contribute most to the life expectancy gap should have the biggest impact on reducing inequalities.

2.2 The latest version of the tool for Manchester shows that:

- The absolute gap in life expectancy between Manchester and England currently stands at 3.8 years for men and 3.3 years for women.
- Life expectancy at birth in the most deprived quintile of areas within Manchester is 72.7 years for men and 78.0 years for women. Life expectancy at birth in the least deprived quintile of areas within Manchester is 80.1 years for men and 83.1 years for women. The absolute gap in life expectancy between most deprived and least deprived areas within Manchester is therefore 7.4 years for men and 5.1 years for women.
- The causes of death that contribute most to the gap in life expectancy between Manchester and England are circulatory diseases, cancers and respiratory diseases. For men, cancers make a greater contribution than respiratory diseases to the gap in life expectancy between Manchester and England. For women, the position is reversed.
- If Manchester as a whole had the same mortality rates as England for these three broad causes of death, life expectancy years among men in Manchester would increase by 2.55 years of life. In women, life expectancy at birth would increase by 2.14 years

- The same three causes are also the biggest contributor to the life expectancy gap between the most deprived quintile and least deprived quintile of areas within Manchester. The life expectancy years gained if the most deprived quintile of areas in Manchester had the same mortality rates as the least deprived quintile of areas for these three broad causes of death is even greater (4.59 years for men and 4.04 years for men).

2.3 Charts showing the breakdown of the life expectancy gap for Manchester by broad cause of death can be found in Appendix 1. The latest version of the Segment Tool, together with a summary report for each local authority showing the charts and tables can be downloaded from http://fingertips.phe.org.uk/profile/segment.

3. JSNA for Children and Young People

3.1 The Health and Wellbeing Board received a report on the work to refresh the JSNA for Children and Young People in March 2016. Since that time some new topics papers have been added to the JSNA, most notably a paper on Care Leavers. The Looked After Children (LAC) paper now incorporates Children's Social Care data and information along with that previously included on Health and Education. Other topic papers have already been refreshed to include recently published data, for example, the Teenage Parents topic. This brings the total number of separate chapters published on the JSNA website to 28.

3.2 A recent update to the Children's Board described some of the engagement activity that has taken place around the Children and Young People's JSNA since the refresh and outlines how the JSNA is being used to inform a range of workstreams. Examples of this include:

- Children and Young People's Commissioning Strategy: This has been informed by the JSNA, in terms of its content and focus. There is a commitment by commissioners to ensure that the JSNA is used to help plan future service developments.
- North CCG Investment: the JSNA section on unintentional childhood injuries has been used by North Manchester CCG to highlight the importance of tackling unintentional child injuries as part of their ongoing developmental plans in light of their uplift in funding allocation. A business case is now in development which puts forward a programme of work to tackle unintentional childhood injuries in the north of the city.
- The JSNA has also been used to support a range of other areas of work, including the IRIS Project (to inform the prioritisation of the geographical locations of GP practices to receive staff training), Sustainable Food Cities, breastfeeding (to support an application for funding to roll out breastfeeding support services across Manchester), the Manchester Early Years Award and the Future in Mind Mental Health Transformation Programme.

3.3 A review cycle for the Children and Young People's JSNA has been agreed and all lead authors of topics within the JSNA will be asked to confirm that

their paper remains up to date six months after the original publication date. This is being co-ordinated and monitored by the Public Health Knowledge and Intelligence team.

4 JSNA for Adults and Older People – Stakeholder Workshop

4.1 Work is now underway to refresh the sections of the JSNA website dealing with adults and older people. This work will build on the principles and practices adopted as part of the JSNA for Children and Young People in order to ensure that there is a commonality of approach across the Manchester JSNA whilst, at the same time, allowing some flexibility to reflect the different professional networks and engagement mechanisms that exist in relation to these parts of the life course.

4.2 In June 2016, a stakeholder workshop was convened to discuss the requirements and scope of the work, to explore views around the initial list of topics and to agree how partners can collectively deliver the work over the next six months. All of the partner organisations on the Health and Wellbeing Board were invited to attend as well as partners in adults and older people's programmes. The workshop was well attended and included representatives from Manchester City Council, CCGs, acute trusts, Mental Health and Social Care Trusts, housing providers, GMP, the probation service and several voluntary, community and social enterprise sector groups.

4.3 Participants at the workshop felt that there was a significant overlap in the mental and physical health conditions that will need to be included for both adults and older people. It was therefore agreed that the most sensible approach is to produce a joint Adults and Older People's JSNA (rather than the existing structure in which the Adults' and Older People's JSNAs are separate). This will reduce duplication and will enable the JSNA to explore health inequalities and conditions as people grow older and make the transition into older age. This will however be complemented by a summary for Adults and Older People respectively, which provides an overview of the topics for that group.

4.4 There was a clear view from participants at the workshop that the JSNA should explore health conditions from the perspective of the individual, telling a story about what people need to enable them to live their lives with their particular health needs, rather than a clinical appraisal of data. It should also have a place-based approach and include information at locality level – considering assets as well as needs. The topics need to reflect the city's diversity and illustrate the particular needs of disadvantaged groups.

4.5 There was a strong focus on mental health and wellbeing at the workshop discussions, and a view that this need to be included in the JSNA in the broadest sense. Mental health should be a standalone topic but mental health and wellbeing should be included as a cross-cutting theme throughout the JSNA, as should the links between physical and mental health.

4.6 In terms of the process for developing the JSNA it was agreed that lead authors for each topic should work with reference groups of experts (including clinical and voluntary and community sector expertise).

5. JSNA for Adults and Older People – Core Contents

5.1 Following the stakeholder workshop, a core content list has been developed and refined as outlined in Appendix 2. The Health and Wellbeing Board is invited to comment on and agree to this structure.

6. JSNA for Adults and Older People – Process and Timescales

6.1 The process for producing the JSNA is set out below. This provides indicative timescales for the first phase of the work.

Action	Start date	End date
Scoping and agreeing ways of working • Stakeholder engagement including workshop • JSNA Delivery Group established • Health and Wellbeing Board to agree scope of work and process	1 June 2016	31 August 2016
First draft of topic reports • Lead authors nominated for each topic • Reference group for topic convened • Researching evidence and collating information • First draft of topic report	1 September 2016	30 September 2016
Technical review of topics • JSNA Delivery Group to review draft topic reports and return to lead authors	1 October 2016	15 October 2016
Revision of topic reports • Lead authors and reference groups to revise topic reports	16 October 2016	31 October 2016
Quality assurance phase • Topics reviewed by strategic leads to assess fit with current policy direction	1 November 2016	12 November 2016
Topic report finalised • Topic report uploaded onto the JSNA website following executive sign off	1 December 2016	16 December 2016
Report to Health and Wellbeing Board • Update report on the first phase of reports • Second phase timescales agreed	18 January 2017	18 January 2017

6.2 The JSNA is a living resource and as such, the process does not have a definitive end date. The aim is to add and refresh topics on a regular basis and to keep the Health and Wellbeing Board informed of progress at regular intervals. The relationship of the JSNA with other intelligence outputs, such as

Manchester's annual State of the City report, will be kept under review to minimise duplication and ensure that the underlying work is coordinated as much as possible.

6.3 Topics for inclusion in the first phase of the JSNA will be drawn from the core content list in Appendix 2. Initial priorities are likely to include homelessness, carers' health and suicide prevention.

7 Working Better Together and the JSNA

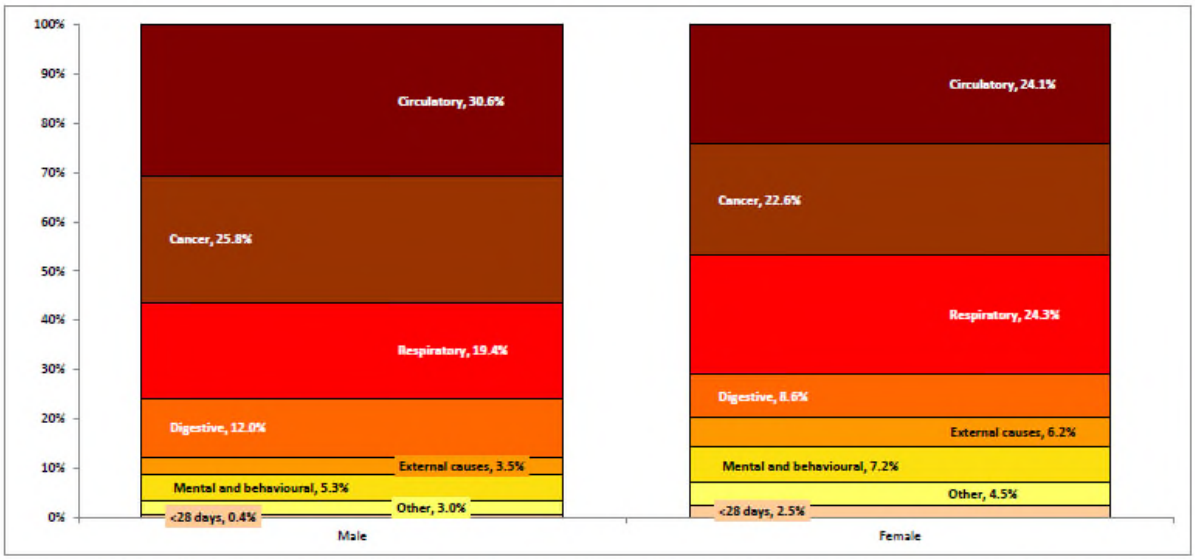
7.1 The development of a Single Commissioning Function is one of the three 'pillars' of the Manchester Locality Plan and is central to the delivery of the transformation ambitions for health and care services in the city. The move towards more formalised joint commissioning arrangements between health and social care organisations in the city needs to be underpinned by a shared understanding of the demographic, economic and health challenges faced by people who live and use services in Manchester and of the assets that are available to help people to meet these challenges.

7.2 A joint commitment to the development and application of the evidence provided in the JSNA by all of the commissioning organisations in the city (Manchester City Council, South Manchester CCG, North Manchester CCG and Central Manchester CCG) is therefore a key prerequisite of the creation of a single commissioning function for Manchester which operates as "a common function to a common plan".

7.3 The Health and Wellbeing Board is therefore invited to agree that the Joint Commissioning Executive should oversee and contribute to the development of the JSNA and, crucially, ensure that the outputs are reflected in the citywide Operational Plan for 2017/18 and the work programme areas that underpin it.

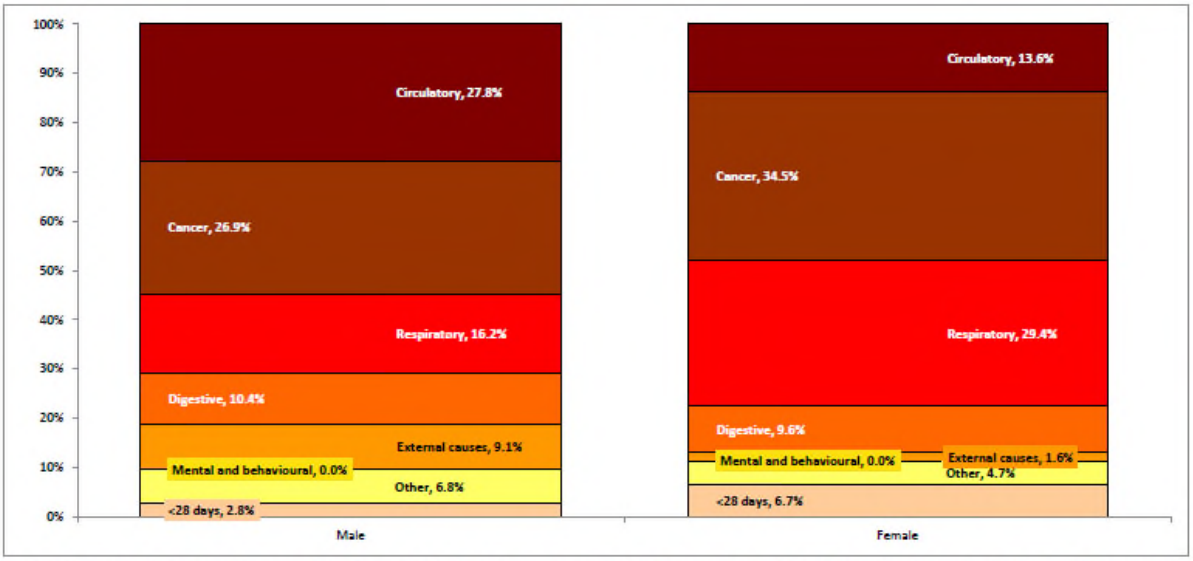
Appendix 1

Figure 1: Breakdown of the life expectancy gap between Manchester as a whole and England as a whole, by broad cause of death, 2012-2014



Footnote: Circulatory diseases includes coronary heart disease and stroke. Respiratory diseases includes flu, pneumonia and chronic obstructive airways disease. Digestive diseases includes alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease.
Analysis by Public Health England Epidemiology and Surveillance team based on ONS death registration data, and mid year population estimates

Figure 2: Breakdown of the life expectancy gap between Manchester most deprived quintile and Manchester least deprived quintile, by broad cause of death, 2012-2014



Footnote: Circulatory diseases includes coronary heart disease and stroke. Respiratory diseases includes flu, pneumonia and chronic obstructive airways disease. Digestive diseases includes alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease.
Analysis by Public Health England Epidemiology and Surveillance team based on ONS death registration data, and mid year population estimates, and DCLG Index of Multiple Deprivation, 2015

Appendix 2: JSNA for Adults and Older People – proposed structure and topics

1. Wider determinants of health and wellbeing

- Overview of key determinants including poverty, housing, education/training, employment, place, access to services
- Health protection (including anti-microbial resistance)

2. Healthy lifestyles

- Healthy weight, diet and nutrition
- Physical activity and falls prevention
- Mental wellbeing
- Tobacco control
- Alcohol and drug use
- Sexual health
- Winter health
- Oral health

3. Mental and physical health

a. Mental health

- Mental health
- Suicide prevention
- Social isolation and loneliness
- Dementia

b. Physical health (long term conditions)

- Cardiovascular disease (includes heart disease)
- Cancer
- Respiratory disease (includes TB)
- Digestive disease (includes liver disease)
- Diabetes
- Musculoskeletal conditions

c. Disability

- Learning and developmental disabilities (includes autism)
- Physical disabilities
- Sensory impairment (includes sight loss and deafness)

4. Key groups

- Homeless health
- Offender health
- BME health
- LGBT health

- Migrant, refugee and asylum seeker health
- Carers' health
- Student health

5. Safeguarding vulnerable adults

- Domestic abuse
- Adult safeguarding

6. Other topic areas

- End of life care