



JSNA: Using information to keep people well

Angela Baker/ Matt Bramall
Sara Livadeas/ Michael Varrow



**OXFORDSHIRE
COUNTY COUNCIL**

www.oxfordshire.gov.uk

18 Sep 2008

Introduction

**What have we
done?**

What priority areas
are identified

How are we
communicating?

Benefits and next
steps

- Overview of what's been done, how we have done it and why

Introduction

What have we
done?

**What priority areas
are identified?**

How are we
communicating?

Benefits and next
steps

- Overview of what's been done, how we have done it and why
- What the JSNA tells us – priorities and key messages



Introduction

What have we
done?

What priority areas
are identified?

**How are we
communicating?**

Benefits and next
steps

- Overview of what's been done, how we have done it and why
- What the JSNA tells us – priorities and key messages
- What we have published and where to get more information

Introduction

What have we
done?

What priority areas
are identified?

How are we
communicating?

**Benefits and next
steps**

- Overview of what's been done, how we have done it and why
- What the JSNA tells us – priorities and key messages
- What we have published and where to get more information
- Outline of what we have achieved, benefits and next steps

what is it?

Data taken from multiple sources covering social care, health, housing, income, behaviour and services

Information from consultations and extra indicators added to make the information more useful locally

Combined them to provide a high level overview

Done a thorough, but not exhaustive, analysis of this data to reveal key messages

**we are early
adopters**

why do it?

To ma

To co
such t

To dri
[we kn

Using
base /

Needs assessment is a process that aims to form the **rational basis for commissioning health and social services**, ensuring that the development of local services:

- addresses the needs of the local community and the gaps in provision, thus
- maximising the benefit to health and
- reducing health inequalities.

tances,

partners
nment]

nce

why do it?

Ultimately, every locality should seek to have a single community based support system for local people focussed on their health and well-being. The JSNA is a means to achieving such a system – one that binds together local government, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/ training.

- DoH, 2007

key priority areas

- responding to an ageing society/ needs of older people
- reducing mortality and improving life expectancy
- meeting the needs of those with long-term conditions
- improving children's life chances
- increasing healthy lifestyles/ breaking cycle of deprivation

How many people are over 75?

What are people dying of?

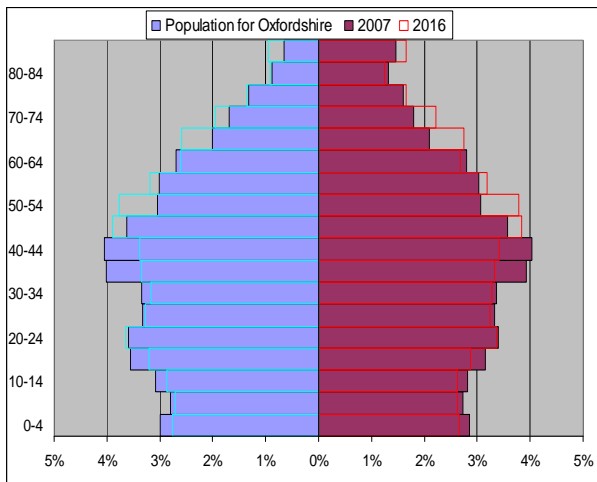
What illnesses are people living with?

How many children are living in poverty?

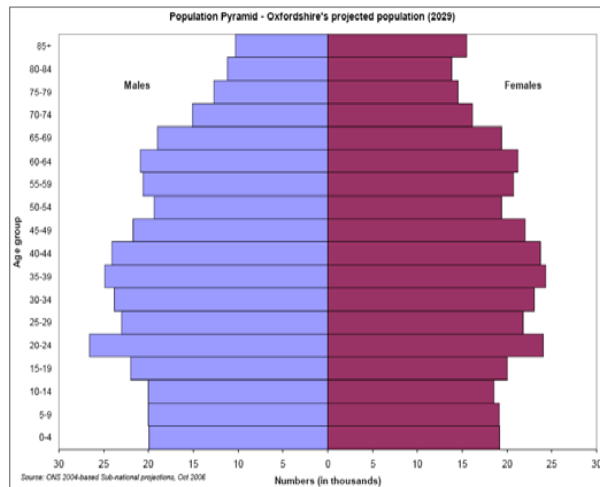
What are the environmental risks to well-being now and in the future?

key messages – ageing (1)

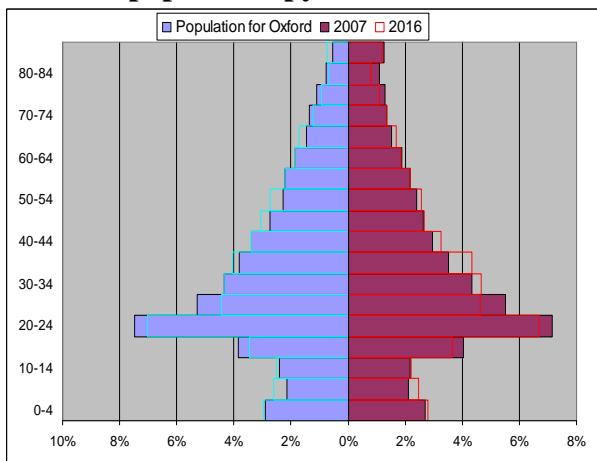
Oxfordshire population pyramid 2007-16



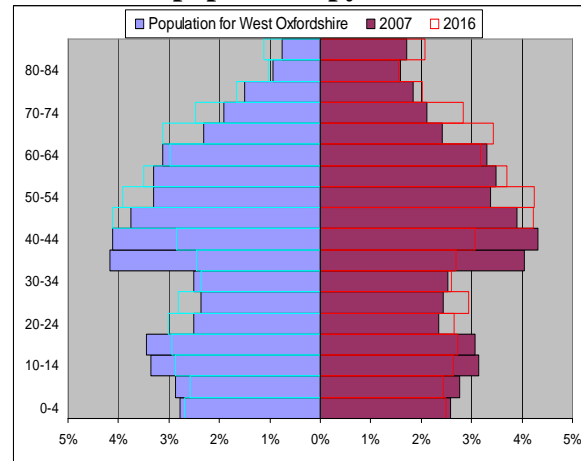
Oxfordshire population pyramid 2029



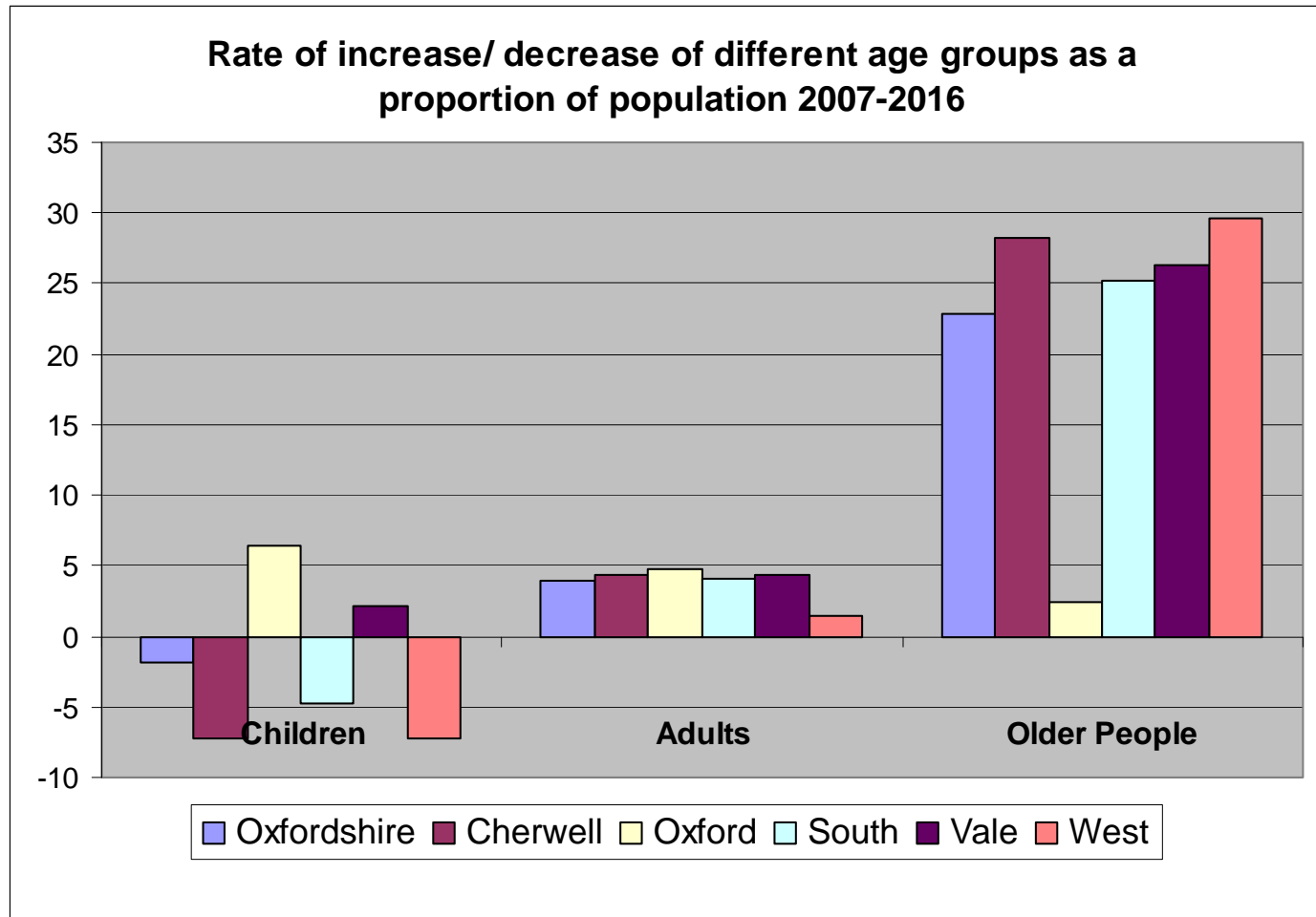
Oxford population pyramid 2007-16



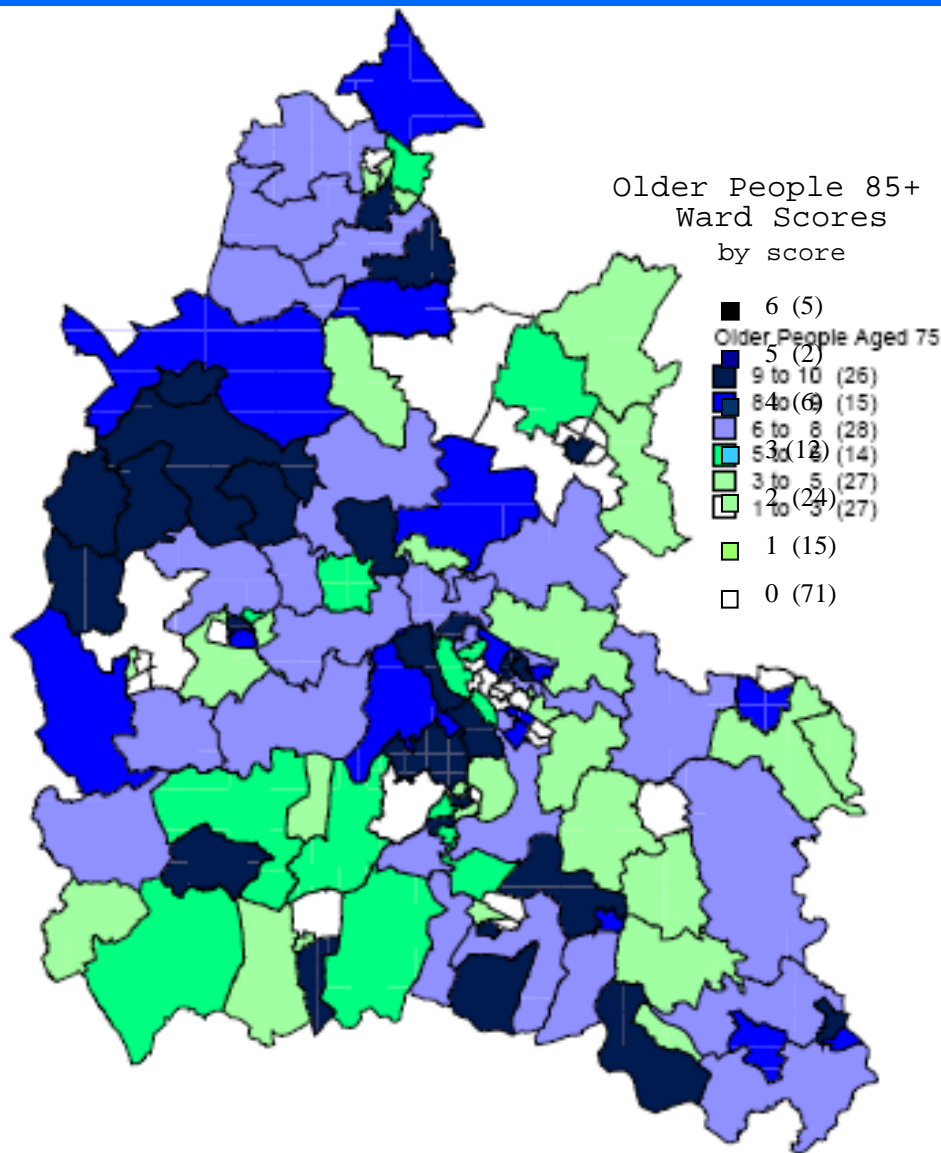
West Oxon population pyramid 2007-16



key messages – ageing (2)

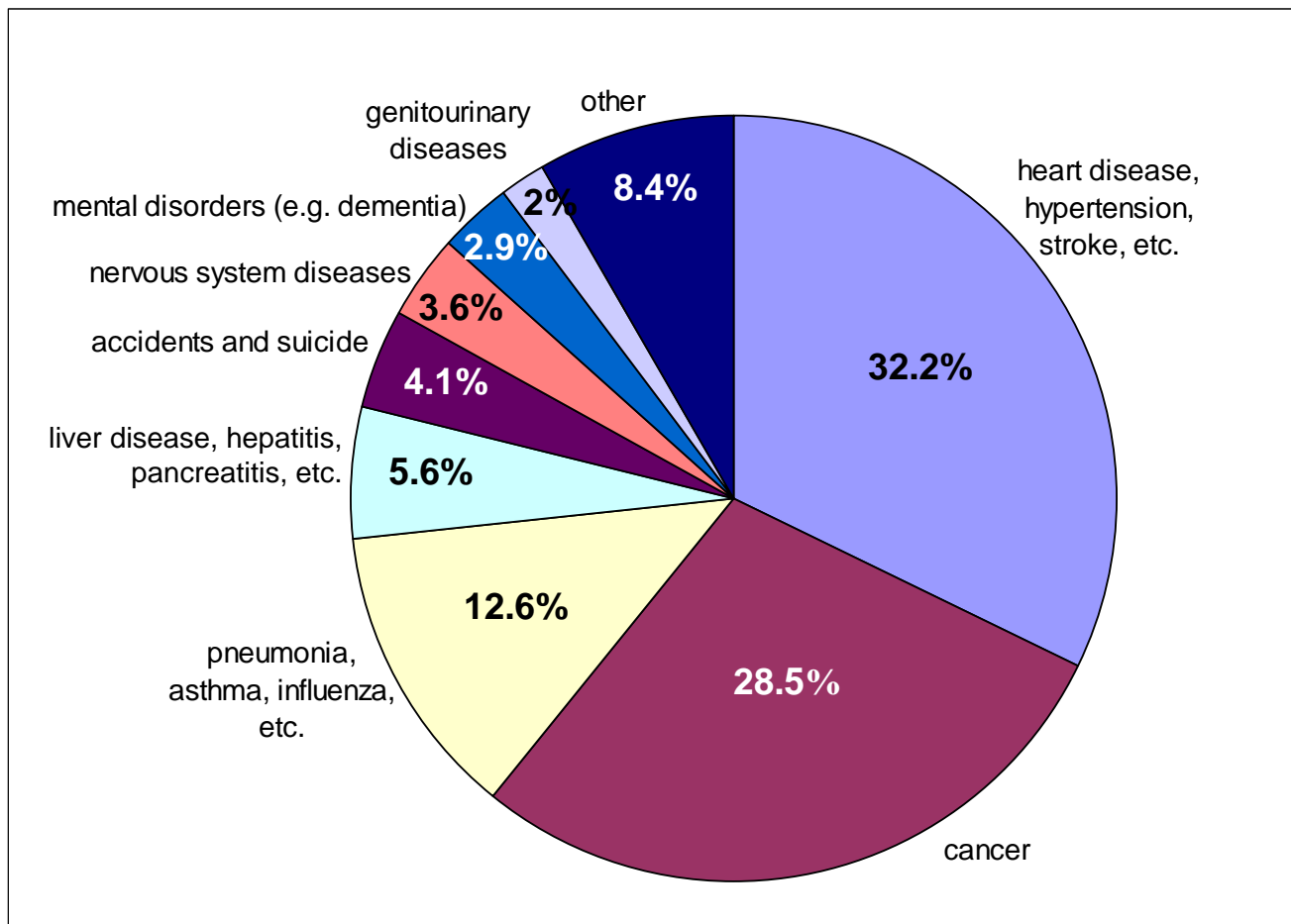


key messages - ageing (3): growth map



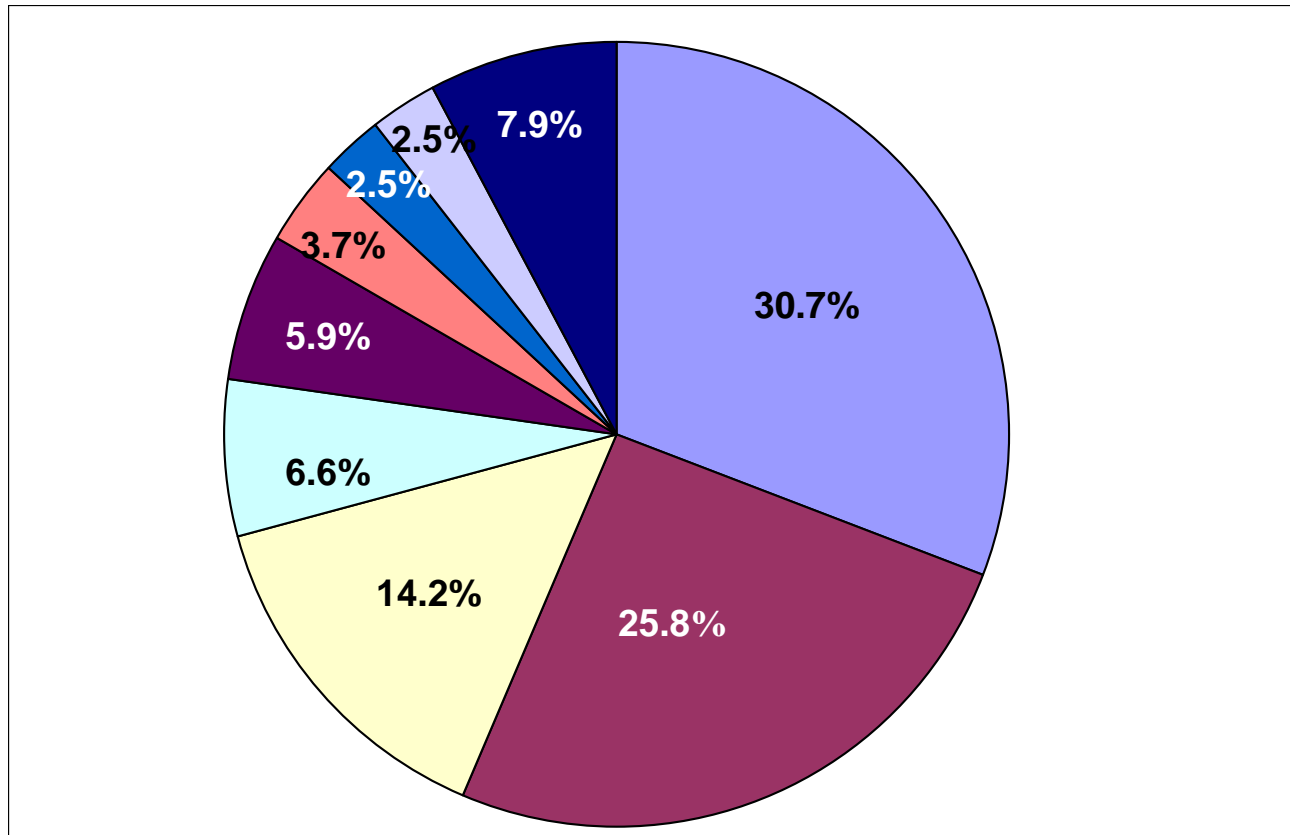
key messages - mortality

Causes of death (2006), Oxfordshire PCT



key messages - mortality

Causes of death (2006), Oxford City Consortia



key messages – long-term conditions

	North East Oxfordshire	North Oxfordshire	Oxford City	South East Oxfordshire	Vale	West Oxfordshire	% for whole county	Total Numbers
Asthma (3)	5.9%	6.0%	4.7%	6.3%	5.8%	6.5%	5.7%	37,921
Hyper-tension (1)	11.3%	12.0%	8.3%	12.8%	11.7%	12.9%	11.0%	73,634
Cancer (9)	1.3%	1.1%	0.9%	1.4%	1.1%	1.3%	1.1%	7,557
CHD (6)	2.8%	2.9%	2.1%	3.1%	2.9%	3.0%	2.7%	17,980
Kidney disease (4)	4.7%	3.9%	2.1%	3.0%	4.6%	3.0%	3.4%	22,768
COPD (10)	1.6%	0.9%	1.6%	0.8%	0.5%	0.4%	1.0%	6,920
Dementia (14)	0.7%	0.3%	0.5%	0.3%	0.2%	0.2%	0.4%	2,536
Diabetes (5)	4.5%	2.8%	4.5%	2.5%	1.6%	1.3%	3.1%	20,598
Epilepsy (13)	0.8%	0.5%	0.7%	0.4%	0.3%	0.2%	0.5%	3,455
Heart Failure (12)	0.9%	0.7%	0.9%	0.5%	0.3%	0.3%	0.6%	4,333
Learning Disability	0.3%	0.2%	0.3%	0.2%	0.1%	0.1%	0.2%	1,363
Mental Health (11)	1.0%	0.7%	0.9%	0.6%	0.4%	0.3%	0.7%	4,557
Obesity (2)	8.6%	7.0%	9.4%	5.6%	3.7%	4.3%	6.8%	45,504
Palliative Care (16)	0.1%	0.1%	0.2%	0.1%	0.1%	0.0%	0.1%	705
Stroke (8)	2.3%	1.4%	2.3%	1.2%	0.7%	0.5%	1.5%	10,178
Hypothyroidism (7)	3.0%	2.1%	3.1%	2.0%	1.1%	0.9%	2.2%	14,649

key messages – long term conditions

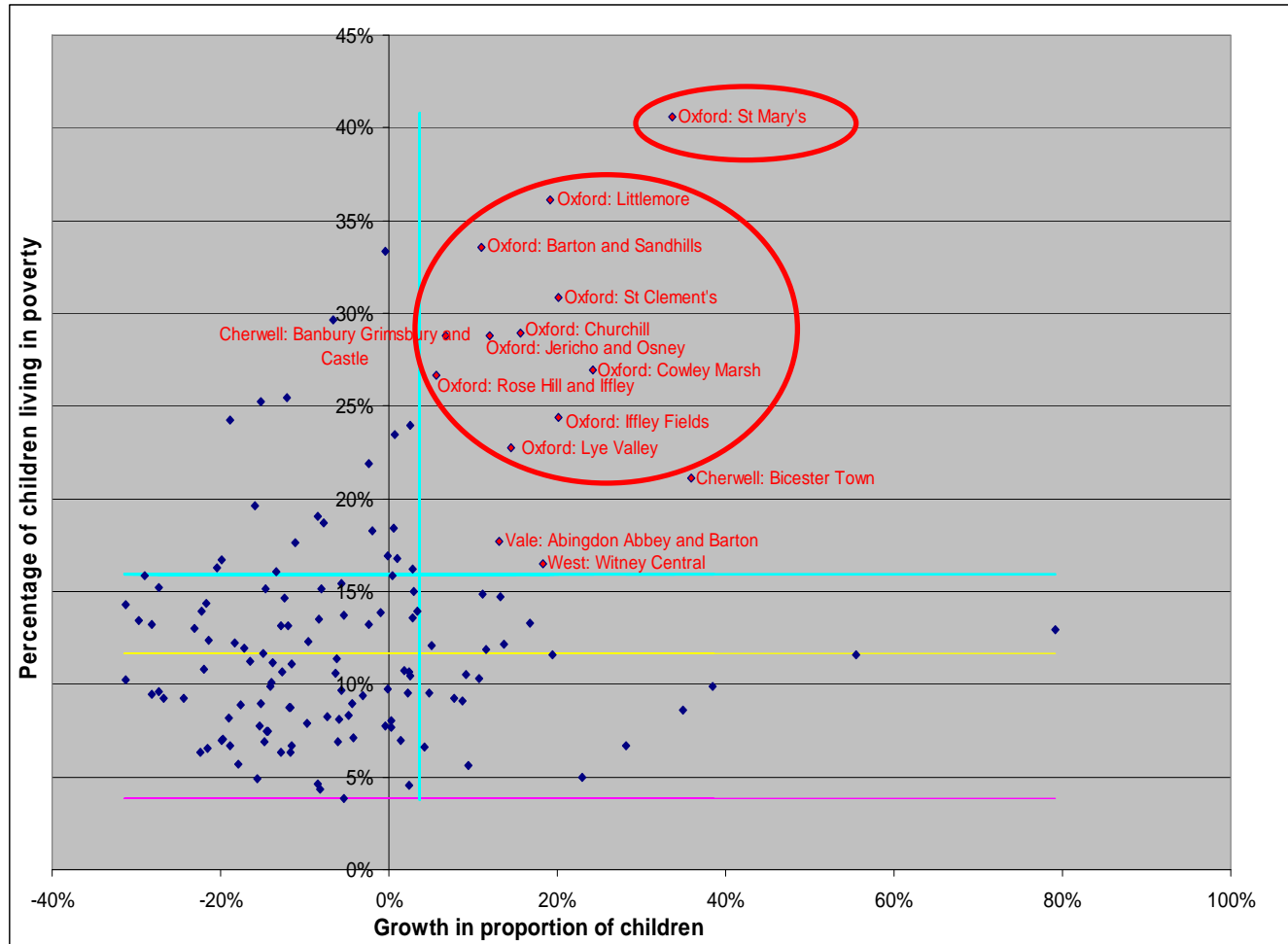
25 wards have high proportions of people living with a long-term condition (over 40%) *and* a higher than average projected growth in the proportion of their population aged over 65 years (above 25%)

West	Witney West; Witney North; Carterton North West; Bampton and Clanfield; Ducklington;
Vale	Wantage Segsbury; Shrivenham; Marcham and Shippon; Longworth; Greendown
South	Woodcote; Thame North; Garsington; Didcot Northbourne; Chinnor; Chalgrove; Benson
Cherwell	Launton; Kidlington North; Hook Norton; Bicester West; Bicester East; Banbury Ruscote; Banbury Hardwick; Banbury Calthorpe

key messages – children's life chances

- In 2007, 18,500 (out of more than 130,000) were living in poverty = 14%
- **Highest proportion live in Oxford**, substantially lower rates, below 11%, in the South, West and Vale
- Over 40% of children in **St Mary's ward** live in poverty – 14 wards have high growth in children *and* high levels of poverty (**10 of which are in Oxford**)
- One lower super output area within **Barton and Sandhills** is within 3.1% of the worst in the country (9 are within poorest 10%)
- Rates of teenage conceptions are lower in Oxfordshire than elsewhere in England BUT inability to hit targets causes concern (**rate in Oxford twice that of South Oxon and exceeds UK average**)
- 30 wards where the proportion of children is reducing at a faster rate than the overall county decline – ?disinvestment opportunities? **none in Oxford**

key messages – children's life chances



key messages – lifestyle and deprivation

Lifestyle choices have huge impact on health

- *smoking* – fewer smokers than national average, quit target not hit
- *diet* – 12-25% children eat no breakfast, cholesterol target not hit
- *physical activity* – Oxford lower participation than England & Oxon
- *alcohol* – three targeted programmes offering brief interventions
- *obesity* – levels appear to be rising but this year baseline data taken

Often associated with inequalities and deprivation.

Ensuring people are better committed to their own health, will dramatically improve cost-effectiveness of the NHS (Wanless, 2004)
(estimated savings of between £5 - £11 for each £1 invested)



JSNA: Messages from Consultation

Sara Livadeas/ Lisa Gregory

18 Sep 2008



**OXFORDSHIRE
COUNTY COUNCIL**

www.oxfordshire.gov.uk

consultation messages – Oxfordshire

- Overall satisfaction with the area is higher than average
- Most residents feel they cannot influence decisions
- Satisfaction with recreational services is higher than average
- Apart from libraries - 7/10 satisfied

consultation messages – approaching old age

- People are very reluctant to plan for old age. They find it extremely difficult to imagine.
- People want to continue working indefinitely. Work is important in providing shape and social contact in people's lives.



consultation messages – approaching old age

- People resent having to pay for care. They do not see why they should have to ‘pay twice’ when they have already paid National Insurance.
- People do not distinguish between NHS and social care.
- Older people want good information and easy access to services.
- Day service users prefer attendance at a day service to help at home.

consultation messages – NHS

- People are more satisfied with the NHS than average 83%
- Areas of dissatisfaction include:
 - access to dental care;
 - waiting times for appointments with GP
- Low recollection of choice being offered

consultation messages – family relationships

- Staying independent is crucial, people don't want to be a 'burden'.
- Most people were happy with equipment supplied to them, but training on how to use it was not always provided.
- Carers want emergency back me up services, and flexible respite.
- Mental health service users want to see the PCT, OCC and OBMH working together to support involvement.

consultation messages – younger disabled people

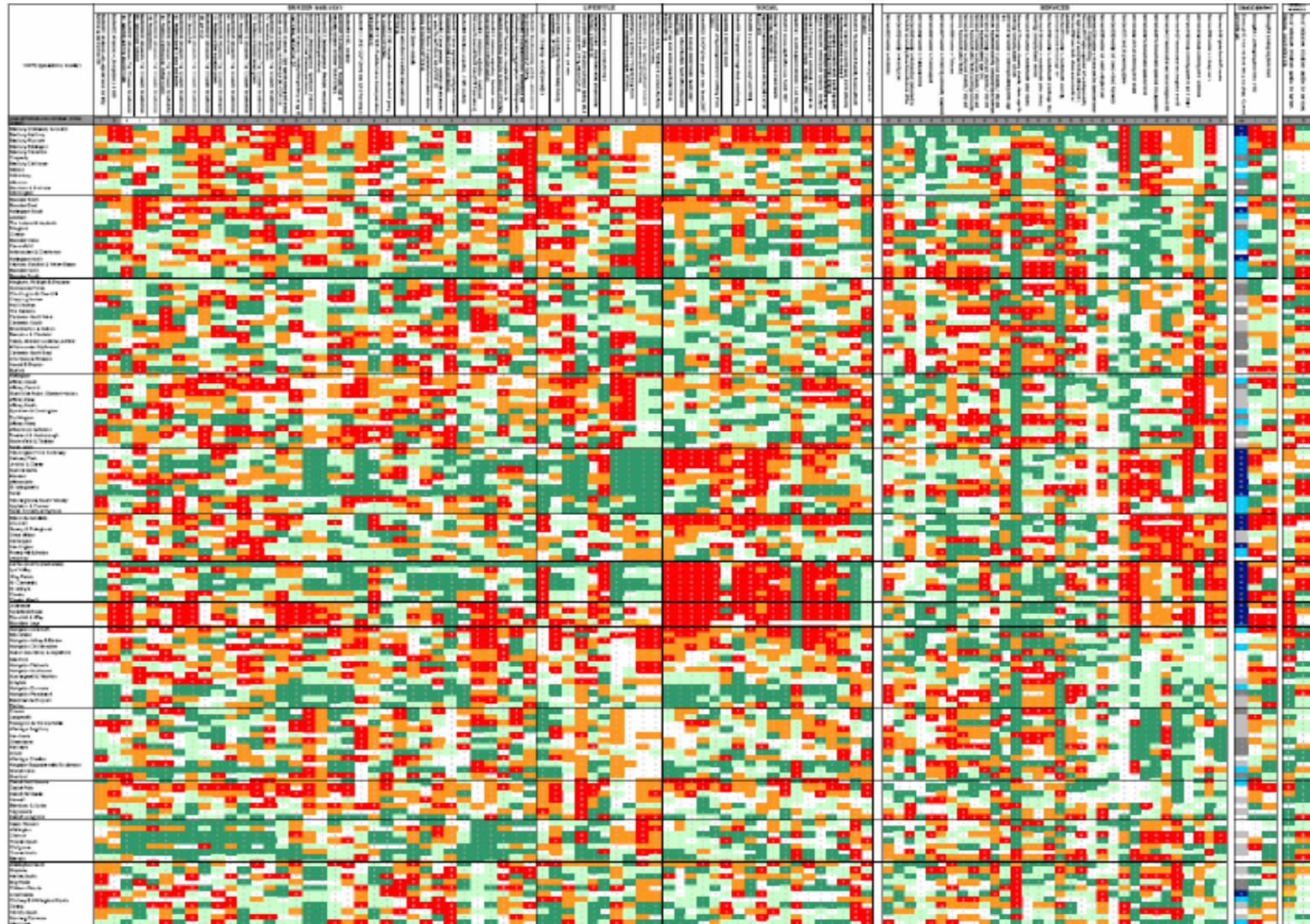
- People with Learning disabilities say transport is essential to them having good opportunities and choices in their lives.
- People with Learning Disabilities fear ‘personalisation’ as a possible means to deliver cuts to care packages.



future consultation

- Consultation audit will be regularly updated and messages from consultation will be made available to people planning and commissioning services

a visual representation – the ‘helicopter view’

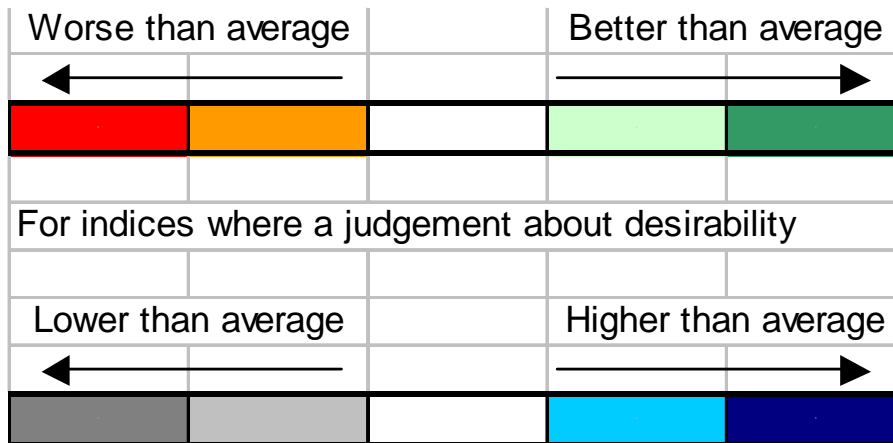


technical stuff...

JSNA Data map key

Indicators are ranked into 'quintiles' - colour schemes
The colours depict relative scores within Oxfordshire - red reflects comparatively low score, not necessarily a bad one.

I have tended to depict higher needs and lower levels of service in red (and vice-versa).



- A way of looking at a summary view
- Highlights *patterns* for further investigation rather than detail
- Highlights inequalities rather than 'good/bad performance'
- Some indicators are not always clearly good or bad – and not all of them lend themselves to this format.
- Grouped into CYPF 'localities' to give an overview
- Ordered by IMD within each locality

helicopter view – what does it show?

- **Geographical areas of high need clearly identified** – blocks identify types of demand
- **Geographical pattern of service provision** – both health and social care
- **Inequalities highlighted** – Some wards appear to have unequal balance of services and needs e.g. Berinsfield, Chalgrove.
- **Many correlations between factors** – e.g. deprivation, ethnicity: need to pick out key messages
- **Data issues** – up to date recording, appropriate area?, first time use.
- This format is flexible and can be tailored to answer queries – should be the *start* of an investigation

where to find information

Outputs on Health & Well-Being Partnership website:

www.oxfordshirepartnership.org.uk

- Assessment (commentary/ report)
- Scorecards
- Wall chart
- Communications plan

Biggest challenge = make sure the data is getting used
turn data into information into knowledge

Questions about the data/ requests for bespoke analysis

jsna@oxfordshire.gov.uk

how are we benefiting from the JSNA?

- informing county council and PCT budget setting for 2009-10
- welcomed as a driver to assist in working more in **partnership** across health and social care (e.g. PIU and DS meeting together)
- viewed as a process to help us move towards:
 - ✓ greater **personalisation**
 - ✓ greater investment in **prevention**
 - ✓ putting local **people** and their needs **at the centre** of planning
 - ✓ Stronger spotlight on **inequalities**
- helping us to deepen understanding amongst partners of the need for a collective approach – determinants of well-being **outcomes** are multi-factorial and cross-cutting
- ensuring our Sustainable Community Strategy and LAA are focusing on the most appropriate **health and well-being** issues

how might you use the JSNA?

Councillors may use JSNA data to inform budget setting

Directors may use JSNA to inform commissioning

Service Managers may use JSNA to inform decision making

Unit Managers may use JSNA to allocate staff resources

GPs may use JSNA to inform commissioning

JSNA data can also be used by everyone to determine:

- Training needs
- Investment opportunities
- Disinvestment opportunities
- Communicate knowledge

next steps

To improve the process for next year:

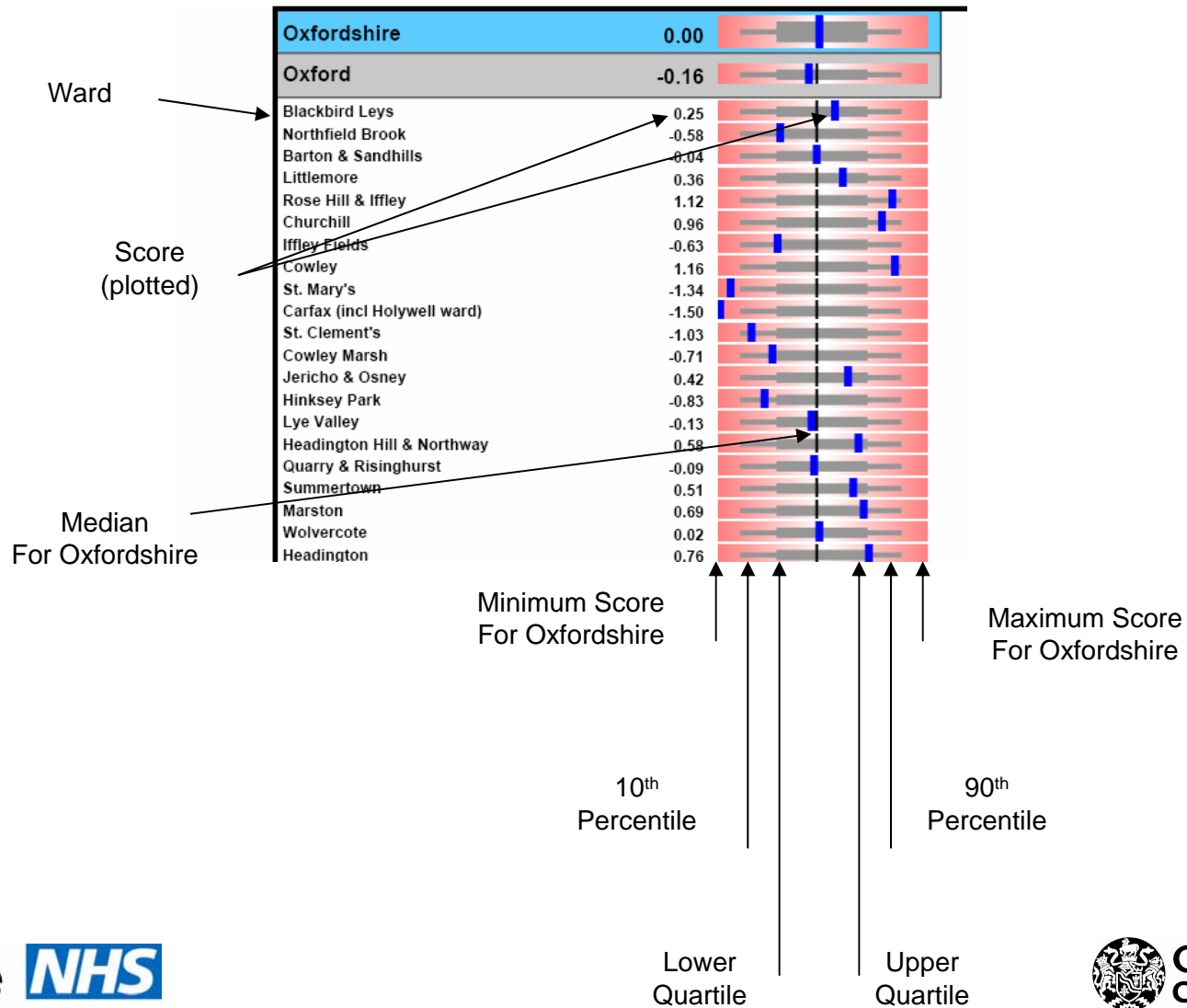
- **consult with local people and their representatives**
- **collect additional data – e.g. obesity, children’s data, sports data**
- **consider putting user-friendly front end onto the data**
- **look at possibilities to move towards live (not static) data**
- **see if we have the capacity to produce more localised reports – e.g. division profiles for councillors**



any questions?



book(s) of scorecards



discussion prompts

Q. What does the wall chart tell us? Anything surprising, anything expected?

Q. What does the JSNA say for your organisation or service that is useful to you?

Q. How well does it do this – how useful do you find it?

Q. How do you think you could use this information?

Q. Is there anything else you'd like to see?