Thurrock Joint Strategic Needs Assessment

Strategic Refresh 2012

Acknowledgements

The following people have contributed towards the content and production of this document:

Editors: Ian Wake, Consultant in Public Health, NHS South Essex

Vikki Ray, Needs Assessment Manager, NHS South Essex

Contributors:

James Buschor, Senior Information Analyst, NHS South Essex

Beth Capps, Public Health Manager, NHS South Essex

Gail Clayton, Thurrock Drug and Alcohol Team, Thurrock Council

Alison Cowie, Director of Public Health, NHS South Essex

Michelle Cunningham, Community Safety Manager, Thurrock Council

Grant Greatrex, Leisure Services, Thurrock Council

Alison Jacobs, Service Manager, Performance and Processes, Thurrock Council

Mat Kieley, Strategic Highways Officer, Thurrock Council

Mark Livermore, Children's Joint Commissioning Manager, Thurrock Council

Helen McCabe, Housing Strategy Manager, Thurrock Council

Niall McDougall, Public Health Manager, NHS South Essex

Andy Millard, Head of Strategic Planning and Delivery, Thurrock Council

Megan Mitchell, Public Health Partnership Manager, NHS South West Essex

Marcelle Puttergill, Performance Improvement Officer, Thurrock Council

Pearl Ray, Health Improvement Manager – Primary Care, NHS South West Essex

Vikki Ray, Needs Assessment Manager, NHS South Essex

Leroy Richards, Chief Executive's Delivery Unit, Thurrock Council

Rhodri Rowlands, Service Manager, People's Services, Thurrock Council

Elozona Umeh, Needs Assessment Facilitator, NHS South Essex

Ian Wake, Consultant in Public Health, NHS South Essex

Formatting:

Tracey Finn, Public Health Secretary, NHS South Essex

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Executive Summary

This Joint Strategic Needs Assessment (JSNA) is the means by which local leaders in health, local government and the voluntary/third sector work together to understand and agree the needs of the people of Thurrock. It will drive the decision making processes of the Thurrock Shadow Health and Wellbeing Board and local Health and Wellbeing Strategies and identify future commissioning priorities. In this first of a number of agreed 'products' of Thurrock JSNA process, a 'big picture' description of health and wellbeing in its widest sense is presented. Where possible, this JSNA product compares health and wellbeing outcomes within Thurrock, to identify geographical areas of local priority, and also benchmarks Thurrock to its Chartered Institute of Public Finance and Accountancy (CIPFA) comparator group of local authorities, that have populations with similar characteristics to our own.

Our population and their health

There are just under 160,000 people living in Thurrock. There is a predominately younger population in the Borough, particularly within the areas of Tilbury St Chads, Chafford and North Stifford, South Chafford and Thurrock West and South Stifford. Thurrock's older population is smaller as a percentage of total population than both England and the CIPFA comparator groups and populates the north of the Borough in areas such as Orsett, Corringham and Fobbing.

The population is projected to grow by 28% or 44,242 additional people by 2031. As life expectancy continues to increase, Thurrock will see a significant ageing of its population. By 2033, the population group aged 85 plus is projected to double.

All age, all cause and premature (age under 75 years) death rates in Thurrock are statistically significantly greater than Essex and the East of England but statistically significantly less than many of its CIPFA local authority comparators. Wards in the south of the Borough such as Tilbury St. Chads, Grays Riverside, Belhus and Riverside and Thurrock Park have premature death rates that are much greater than wards in the north of the Borough.

Amongst men in Thurrock, death rates:

- have recently fallen in line with regional rates for circulatory diseases, including CHD and stroke,
- are significantly higher than regional and national rates in respect of respiratory diseases but have shown an overall decline in recent years.
- from cancer have declined over the past decade, but remain higher in Thurrock than regional comparators.
- have for lung cancer generally remained higher than both regional and national rates, yet overall have declined.

Amongst women in Thurrock, death rates:

- have remained higher for circulatory diseases, including Coronary Heart Disease (CHD) and strokes when compared to regional averages, whilst remaining consistently lower than for males. The rate amongst women has fallen, albeit at a smaller and steadier rate of decline than for men.
- are lower for respiratory diseases than observed in males but are higher than regional and national rates with no decline.
- have declined for cancer, are lower than observed in males but are higher than regional and national rates. This is against the observed trend for regional and national rates where female cancer rates are higher than that of males.
- show no significant decline in respect of lung cancer. Although female mortality rates for lung cancer are lower than that of males, there is an observed narrowing of the gap in mortality rates between the genders.

Cancer screening programmes identify either small/early cancers or changes in cells which may lead on to cancer, at a stage early enough that treatment will impact positively on survival rates. For all cancer screening programmes (cervical, bowel and breast), uptake has improved year on year in Thurrock but is below expectations for the area.

The Mental Illness Needs Index (MINI) and the rate of benefit claimants for mental health tend to be higher in the areas of Ockendon, Tilbury and Belhus.

The most prevalent psychiatric disorders in mid adult years include neurotic disorder, phobias, panic, obsessive compulsive disorder, depression and mixed and general anxiety disorders. Within Thurrock, the prevalence of these disorders map directly to the Borough's areas of deprivation.

Our population enjoys good sexual health issues compared to our CIPFA comparators. Trends amongst teenage conception rates continue to fall, with the rate in Thurrock now below the national rate.

Some diseases are re-emerging amongst the population. Although the incidence is small, the number of cases of tuberculosis (TB) has, in line with the national picture, been increasing year on year.

At a national level, the Health Protection Agency have identified that one in 10 cases of TB in 2009 had a least one social factor (homelessness, drug or alcohol misuse or imprisonment), with a quarter of these reporting more than one risk factor. It should be noted that the majority of new cases are amongst non-UK born people. People who live in overcrowded, poor housing, are amongst the groups who have greater chance of becoming ill with TB if exposed to it.

Our population and how they live:

Education

Thurrock has some of the best and worst levels of education affluence/deprivation in England. Thurrock's most educationally deprived middle super output area (MSOA) ranks in the top 0.01% most educationally deprived in England whilst our most educationally affluent MSOA ranks in the top 20% most educationally affluent in the country. Thurrock's Educational Attainment performance at the national measure has increased by over 6% to 56% in 2011. This places us at the national average of 2010. Generally Thurrock's educational attainment performance is increasing at a faster rate than England. This is particularly true at key stage 4.

Thurrock's number of fixed term exclusions (as a % of school population) at secondary school level has dropped significantly over the past five years and is now at a rate similar to England's. However fixed term exclusions at Primary school level are still high and Thurrock ranks 137 out of 150 in England.

Employment and Skills

Three quarters of people of working age in the Borough are in employment. Skilled Trade Occupations showed the highest rates of male employment whilst administrative and secretarial occupations showed the highest rates of female employment. Distribution, hotels and restaurants (including retail) provide almost 29% of employment in Thurrock, due to the distribution functions centred at Tilbury and the retail offer at Lakeside.

Younger people in Thurrock are more affected by unemployment, especially 16-19 year olds, and may be a result of a history of low levels of graduate qualification and poor school performance in Thurrock. In 2008, 1 in 5 working age people in Thurrock had no qualifications. There is a widening gap between girls and boys performance at early stage in their education with girls performing much better than boys.

Physical Activity/Obesity

Thurrock has a higher prevalence of obese adults (16+) than geographical neighbours and amongst a third of CIPFA comparator local authorities, is statistically significantly higher. Obesity prevalence across Thurrock is linked to deprivation with nearly a third of people in the areas of Tilbury and in the East of Thurrock being classified as being obese.

Over the last four years, rates of childhood obesity in Thurrock have been increasing. In the school year 2009-10, more than 1 in 10 children in reception (age 4-5) measured as obese and this increased to 1 in 5 in year 6 (aged 10-11). Again there is a strong link between deprivation and childhood obesity. Compared with CIPFA areas, Thurrock has the highest prevalence of childhood obesity.

Action pertaining to reducing the prevalence of obesity does not solely rest with tackling issues with diet. Exercise is just as important and is not something which needs to be carried out within an indoor gym or sports hall. In Thurrock there are currently 72 maintained parks and open spaces with a combined area of approximately 640 hectares. Of these areas, 70 have integrated play equipment. Three flagship parks in Thurrock (Grays Beach, Langdon Hills and Coalhouse Fort) have been awarded Green Flag status. There are many more playgrounds per 1,000 children living in Thurrock compared to comparator groups. However levels of physical activity amongst both adults and children in Thurrock are significantly lower than regional and national rates and many of our CIPFA comparators. Thurrock also has relatively low level of leisure service provision compared with CIPFA comparators and satisfaction with current provision is also lower than regional and national rates, and has fallen over the last five years. These factors may be impacting on our obesity levels, and translating into increased risk of serious health conditions such as cardio-vascular disease.

Smoking

The prevalence of smoking amongst adults in Thurrock is significantly greater than national and regional comparators, but not statistically different to its CIPFA comparator group of local authorities. Smoking prevalence is not distributed evenly within Thurrock but largely linked to deprivation levels. The greatest prevalence of smoking is in Grays, Tilbury and St.Chads, Tilbury Riverside and parts of Stanford East and Corringham Town.

Thurrock however, has the lowest prevalence of pregnant women smoking at time of delivery compared to its CIPFA local authority, regional and national comparators.

Access to and the rate of quit success at four weeks through NHS stop smoking services does not correlate well to deprivation levels with some deprived areas such as Belhus having high quit rates per estimated smoking population and others low rates. In order to reduce health inequalities, there is a need to focus the commissioning of stop smoking services on the areas of West Thurrock and South Stifford, Grays Riverside, Tilbury St. Chads, Little Thurrock and Blackshots and Chadwell St. Mary.

Alcohol/Drugs

The most frequently misused substance by adults is alcohol, followed by cannabis. Cannabis is the drug that is most commonly misused by children and young people accessing drug and alcohol treatment services, however alcohol misuse in children and young people in the general community may still be a problem. Whilst the level of adults drinking at hazardous levels is below regional and national average, the percentage drinking at harmful levels and those who are binge drinking is above national and regional levels. Admissions for alcohol attributable and alcohol specific illnesses are increasing and this trend mirrors the national picture.

Our population and where they live:

Deprivation

Thurrock has several areas that are within the 20% most deprived in England. However, it should be noted that significantly more areas within the Borough fall into the second most deprived national quintile. The 20% most deprived LSOAs **within** Thurrock fall within the south and west of the Borough and include Tilbury, West Thurrock and South Stifford, Belhus, Ockendon, parts of Chadwell St.Mary, Blackshots and parts of Grays.

Environments

Thurrock's performance over the past three years in levels of street cleanliness has improved consistently. Thurrock Council continues to be amongst the most efficient local authorities in terms of cost of street cleansing per household with a cost of £29 for 2009/2010 (1st quartile).

Although the rate of food poisoning in Thurrock is below the national average, it is the highest when compared to geographical neighbours and in the top half of the graph of statistical neighbours. The high level of cases may be linked to the below target level of premises in Thurrock that are broadly compliant with food hygiene standards.

Air quality in Thurrock is relatively good. Annual levels of sulphur dioxide have fallen significantly over the last 14 years, and along with levels of particulates in the air remain below air pollution objective limits. However levels of Nitrogen Dioxide in the air have exceeded the agreed air quality mean objective level for NO_2 at the Purfleet monitoring site for the past three years and have increased in Tilbury.

Housing

The majority of housing in Thurrock is either owner-occupied or privately rented. Nearly half of people in Corringham and Fobbing own their property outright, whilst three quarters of people in Chafford and North Stifford own their own home with a mortgage. This compares to Grays Riverside and Tilbury St. Chads where the majority of residents rent their property.

The average price of a property in Thurrock is £145,683. The average gross annual wage is £27,976, therefore to buy a property in Thurrock an average person would require 5.2 times their annual income. This presents a housing affordability issue to many Thurrock residents. Only a tenth of the estimated need of affordable housing was delivered in the Borough, which is below the regional average of 35%.

Just under half of the total number of households in Thurrock can be defined as overcrowded. Of those households that did not meet the 'Decency Standard', over a fifth of households (approximately 636 properties) are deemed to be living in a poor environment compare to 16% nationally.

Transport

Thurrock Council has a Transport strategy covering the period from 2008 to 2021, which establishes the way in which congestion, road safety, air quality and enabling better access to services will be tackled in Thurrock. Progress towards strategy objectives has been good.

In terms of improving accessibility, Thurrock's performance has improved from 2008 to 2011 in key performance indicators that measure accessibility of public transport for education, employment and health services purposes, increasing the number of local bus journey's taken, development of workplace travel plans and increase in 'Travel Thurrock' pass holders. Performance has only reduced in terms of one indicator – the number of Hackney Carriages and Private Hire vehicles that are wheel chair accessible.

In terms of road safety, Thurrock's performance has also improved on both average number of road accidents resulting in death or serious injury, and average number of accidents resulting in the death or serious injury of a child.

Thurrock Council has been successful in its recent bid for the Local Sustainable Transport Fund (LSTF), resulting in an additional £5m from the Department for Transport to develop and deliver a package of sustainable transport measures over the next four years. The funding will deliver a strategy enabling a modal shift away from single occupancy car use towards sustainable transport such as walking, cycling and public transport. The dominant element of the package is the delivery of Smarter Choices measures, including workplace travel planning, school travel planning, station travel planning, personalised journey planning, lift sharing, as well as marketing and promotional activities. Such activities have the potential to have a major positive impact on health and wellbeing in terms of increasing activity levels resulting in reduced risk of obesity, cardio-vascular disease and improved mental health, and on more macro public health issues such as air quality, pollution and climate change.

Primary Care Services

Access to and the provision of health services, in particular, primary health care services, have a key role to play in the improvement of the local population's health.

GP Practices

Under doctoring appears to be an issue in Thurrock with half of the practices serving weighted practice populations/WTE GP of more than the recommended maximum of 2000. Whilst most Thurrock GP Practices have patient satisfaction scores that are better or not statistically worse than the regional average, a minority of practices regularly fall below regional scores. These are mainly in South Ockendon and Tilbury.

Achievement for Thurrock practices across the key clinical domains of the Quality and Outcomes Framework (QOF) is largely similar to that achieved nationally with the exception of the Depression and Mental Health and the Palliative Care clinical domains.

There is variation in practice in the recording and management of patients with chronic diseases across Thurrock GP practices. Whilst disease registers for diabetes, cancer, CHD and stroke are generally complete, registers for patients with dementia, hypertension and COPD are poor in a significant minority of practices. This in turn may be translating into unnecessary emergency admissions into secondary care.

Community Pharmacy

Pharmacy provision in Thurrock is deemed to be adequate. Thurrock has 18.5 pharmacies per 100,000 population which is equal to the median for the regional and national figures.

Many pharmacies in Thurrock have chosen to provide addition health improvement / lifestyle services. 21 out of 29 (72.4%) offer stop smoking services, 15 out of 29 (51.7%) offer additional sexual health/contraceptive services and 6 out of 29 (20.7%) offer Cardio Vascular checks.

A recent patient survey which formed part of the NHS South West Essex Pharmacy Needs Assessment (2010) found that the vast majority of participants (90%) were satisfied with the pharmacy services they received.

Health Inequalities in Thurrock

A theme that runs throughout this JSNA product is that of *health inequalities* – inequalities in life chances, opportunities, and health and wellbeing outcomes of different populations within the Borough. Indeed within a relatively small geographical area, these inequalities are often stark and significant. These culminate to produce an 8.3 year gap in life expectancy between males and a 4.3 year gap in life expectancy beween females from the 10% most affluent to the 10% most deprived areas of Thurrock. This gap has fallen steadily in females over the past decade but has failed to fall very much in males, and actually increased during the mid part of the last decade.

To demonstrate the factors that combine to produce this inequality, this section compares the life chances of two babies born today, and living their lives in two different areas of Thurrock less than four miles or 11 minutes' drive apart, using the data contained within this JSNA and assuming nothing gets either better or worse. The first a baby boy who is born and lives his life in Tilbury St. Chads and the second is a baby girl who is born and lives her life in Orsett.

The boy from Tilbury is born and lives in an area ranked as in the 20% most deprived in England. He is less likely than the girl from Orsett to receive the appropriate course of childhood vaccinations putting him at greater risk of serious communicable disease during his life. The area he grows up in has been identified as lacking in children's play space, green space and parks and gardens. These factors are likely to impact negatively on his teenage mental health and ability to exercise.

This in turn makes him around 25% likely to be obese by the age of 11, about twice as likely the girl from Orsett, and his peers have the highest obesity rate at age 11 in the Borough. The air he breathes sometimes contains nitrogen dioxide levels that exceed the agreed air quality standards

He experiences the Borough's 20% worst levels of education deprivation and whilst at school has up to a 41% chance of having a special educational need and a one in three chance of qualifying for free school meals. All of this education deprivation makes it much more likely that he will experience poor education attainment at school and spend his adult life with low levels of qualifications as an adult. This in turn will impact negatively on his employment options and his earning potential. He is also much more likely than the girl born in Orsett to become a teenage parent.

As an adult, he has less than a 75% chance of being employed in any one year. He has only about a one in two chance of owning his own home, and is almost as likely to rent throughout his life. 40% of his neighbours live in council accommodation. His likely low earnings as a result of the education deprivation he is has suffered will make it difficult for him to afford to buy his own home. He also has less than a one in 16 chance of undertaking some voluntary work in his community in any one year.

In any given adult year he has a 30% chance of being a smoker, more than double that of the girl born in Orsett, and only a one in five likelihood of eating five portions of fresh fruit and vegetables a day. His likely lower income, poorer diet and lack of green space make him 20% more likely than the girl born in Orsett to become obese as an adult.

Indeed he lives in a population that experiences the highest obesity rates in the Borough. He is 20% more likely to develop a mental health problem compared to the national average, and three times more likely to develop one compared to the girl born in Orsett

All of the above factors combine throughout his life to give him a predicted life expectancy of around 73 years. This is around 11 years less than the girl from Orsett and about 8.3 years less than he would have lived had he been born and lived in Orsett all of his life.

The girl from Orsett is born and lives in an area ranked as in the 20% most affluent in England. She is more likely than the boy born in Tilbury to receive appropriate childhood vaccinations that reduce her risk of contracting a serious communicable disease.

The area she grows up has good quality air and lots of green space and parks and gardens in which children can play. This is likely to impact positively on her adolescent mental health and make it easier for her to be active. Indeed she only has around 12% chance of being obese by the time she is 11, about half that of the boy born in Tilbury and her Orsett friends enjoy the lowest obesity rates at age 11 in the Borough.

She experiences the Borough's 20% highest levels of 'education affluence', has less than a one in five chance of having a special educational need whilst at school and less than a 7% chance of requiring free school meals. Her 'educational affluence' gives her the best chance of employment and an excellent earning potential as an adult and makes it unlikely she will become a teenage parent.

As an adult, she has a 95% chance of owning her own home, although she will need a mortgage for a proportion of her adult life to buy it. She has over a one in six chance of undertaking some voluntary work in her local community in any one year. She has less than a 15% chance of smoking as an adult and around a one in three chance of eating five portions of fruit and vegetables every day – one and a half time more likely than had she been born and lived in Tilbury. She lives in a population that has the lowest obesity rates in the Borough and has only a 25% chance of being obese. She is 60% less likely to develop a mental health problem compared to the national average and three times less likely to develop one compared to someone in Tilbury. Indeed her risk of becoming depressed or neurotic or from suffering from anxiety disorder, obsessive compulsive disorder or phobias is amongst the lowest in the Borough. This makes it much more likely that she will feel in control of her life and be able to make healthy choices.

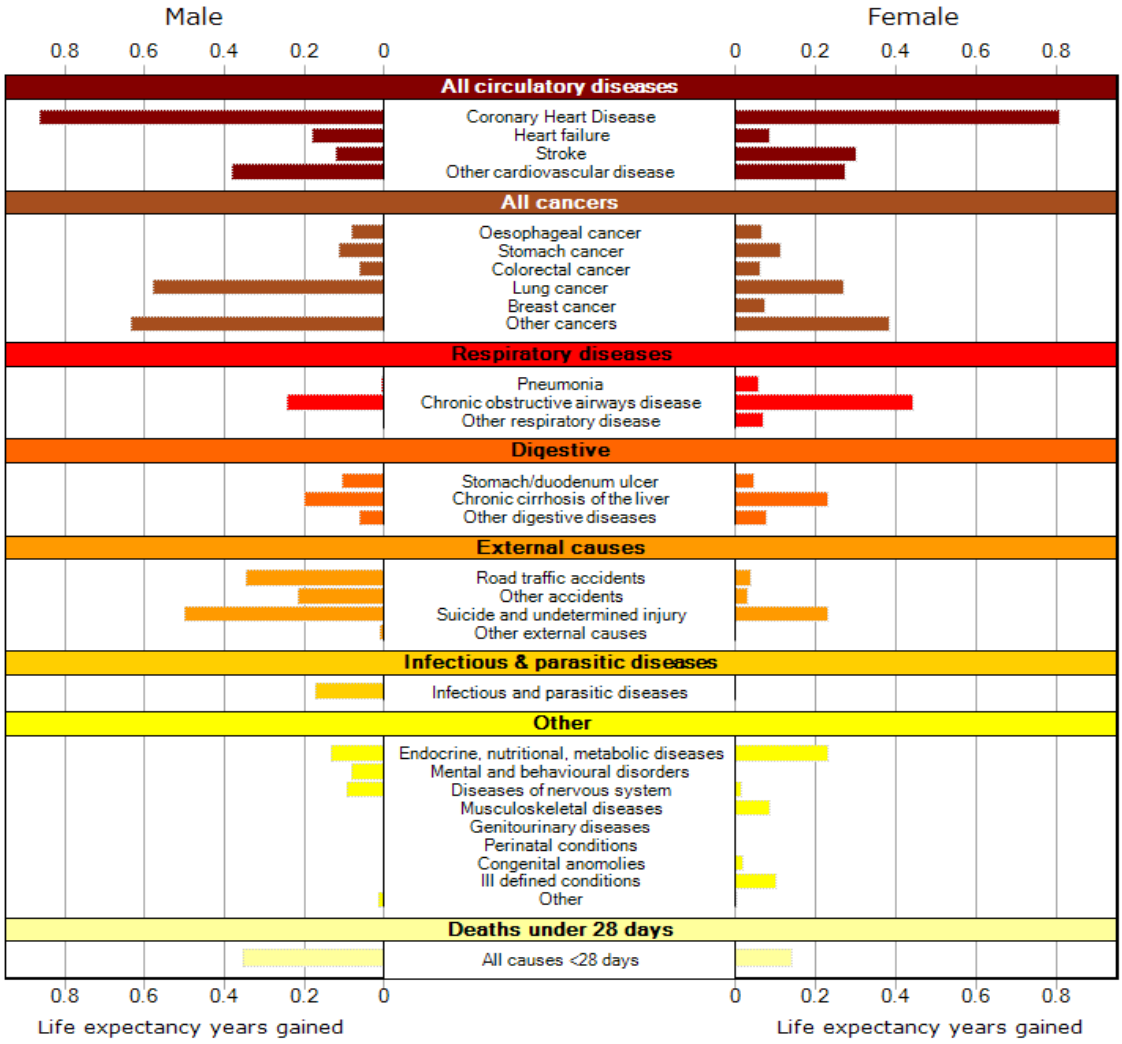
All of this combines to give her a life expectancy at birth of around 84, 11 years more than the boy born in Tilbury and almost four and a half years more than she would have lived had she spent her entire life in Tilbury.

Commissioning Priorities to Reduce Health Inequalities in Thurrock

Reducing health inequalities requires concerted and coordinated action across the health, local government and the third sector to tackle the wider determinants of health, lifestyle issues and make commissioned services more public health focussed.

Variations in life expectancy are linked to deprivation which is associated with variations in morbidity and mortality from different diseases. The diagram below illustrates conditions which have variations of prevalence between the most and least deprived male and female populations in Thurrock and the difference in life years gained by the least deprived as a result of the variation in prevalence of each disease/condition. The diagram shows that the conditions that have the biggest impact on life years gained by the affluent are circulatory disease – particularly Coronary Heart Disease, Lung (and other) cancers and COPD. What is striking is that all of these conditions have smoking and/or obesity as key risk factors. This backs up national evidence that suggests that differences in smoking prevalence between rich and poor account for over half of all health inequalities[1] and links to local evidence within the JSNA that highlights significant differences in both smoking and obesity prevalence between rich and poor.

Figure 1: Life Years Gained by the 10% most affluent in Thurrock over the 10% most deprived due to differences in prevalence of specific diseases.



Source: APHO

Two stakeholder engagement events have been held on this first product of the Thurrock JSNA, through the Thurrock Health and Wellbeing Board Stakeholder Forum. Over 100 representatives from statutory and third sector organisations across Thurrock plus members of the public attended two events where the contents of this JSNA product were presented and then discussed in small groups, who were then asked to identify key commissioning priorities. 75% of group participants identified reducing health inequalities as a key priority, 67% stated that reducing inequalities due to smoking was key, and 84% stated that reducing obesity (or associated factors such as improving diet and encouraging exercise) should be a key priority for future commissioners.

Through the new (Shadow) Thurrock Health and Wellbeing Board, our Clinical Commissioning Group and Thurrock Council will lead the local health and care system jointly in collaboration with local communities. A new Thurrock Joint Health and Wellbeing Strategy, informed by the Thurrock JSNA will set the priorities for collective action to reduce health inequality and improve the health of our population.

The Health and Wellbeing Strategy will be the highest level strategic document for reducing health inequalities across Thurrock, and will drive and integrate the commissioning priorities of the council, the local NHS and the third sector around this aim. As such, its priorities need to be relevant to the functions of all of these local organisations, rather than simply the responsibility of one. In a time of constrained resources, Health and Wellbeing Strategies are most likely to succeed in reducing health inequalities, if they focus on a few key priorities in depth, rather than spreading effort and resource too thinly across many priorities.

From the evidence presented within this JSNA product, summarised above it is proposed that the first two priorities of the Thurrock Health and Wellbeing Strategy should be to reduce health inequalities by:

- Reducing the overall prevalence of smoking within Thurrock and reducing the difference in smoking prevalence between affluent and deprived areas.
- Reducing the overall prevalence of both adult and child obesity within Thurrock and reducing the difference in obesity prevalence between affluent and deprived areas.

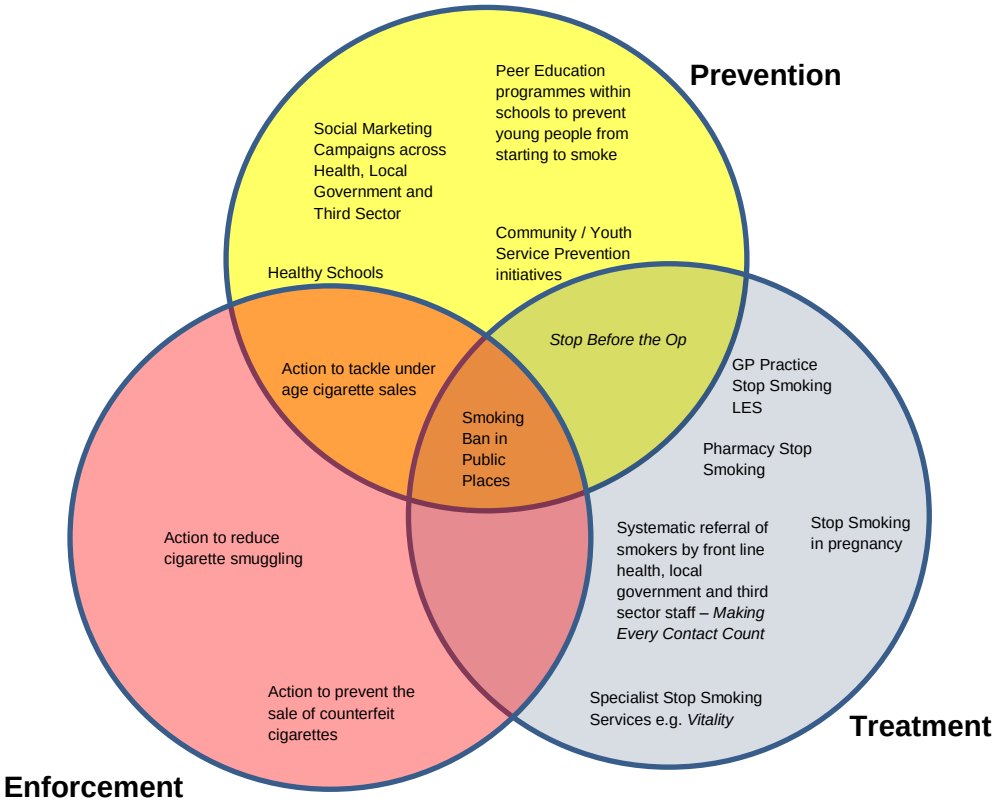
These two key priorities are recommended for the following reasons:

- They are health and wellbeing problems where Thurrock does significantly worse than national and regional rates, and in the case of obesity, significantly worse than its CIPFA comparators
- They are health problems that are strongly associated with deprivation, and for which there is significant differences in prevalence between affluent and deprived areas within Thurrock
- There is a strong national evidence base coupled with clear local evidence that identify both issues as being the key drivers to inequalities in life expectancy between affluent and deprived areas
- They have significant support amongst wider stakeholders as key priorities
- They are both issues that are cross cutting in terms of the functions of health, local government and the third sector making them highly relevant to the aim of Joint Health and Wellbeing Strategies of integrating commissioning across agencies to drive reduction in health inequalities.

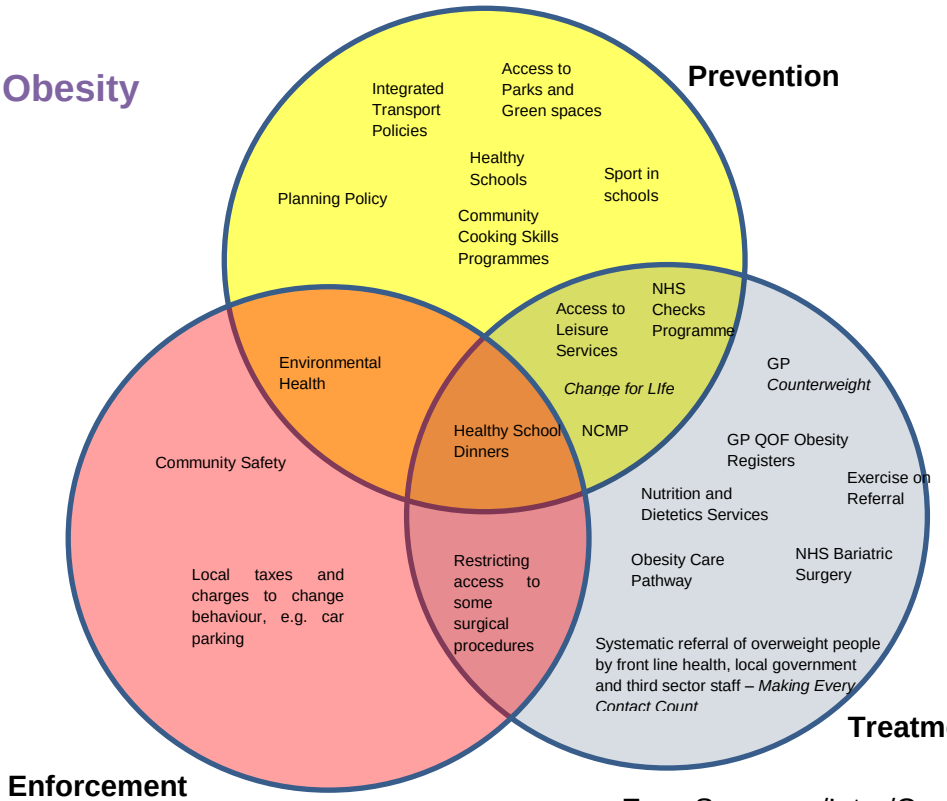
The last point can be demonstrated by considering for both issues, the three key spheres of activity – *prevention, treatment, and enforcement.* Figures 2 and 3 demonstrate this.

Figures 2 and 3

Tobacco Control



Obesity

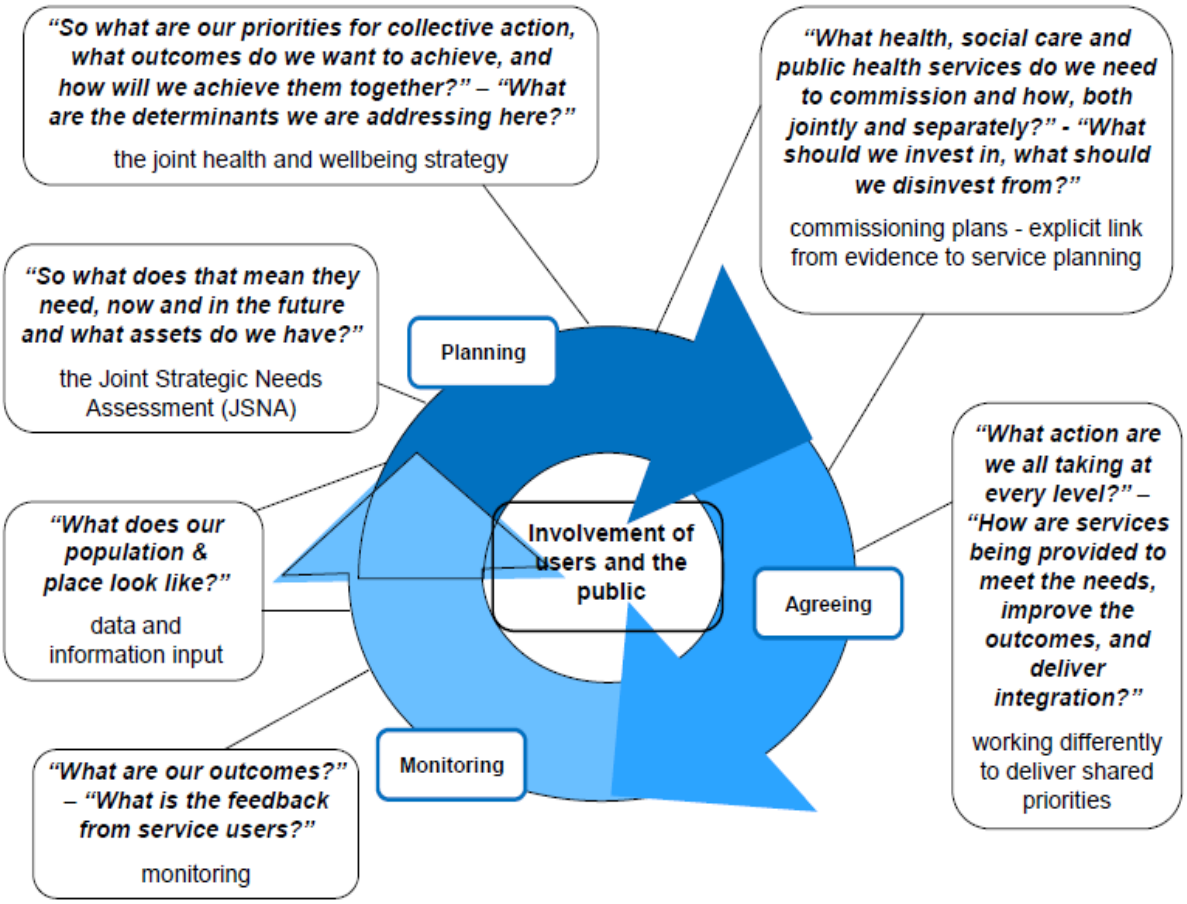


Next steps

This JSNA product has recommended some priorities for the Thurrock Shadow Health and Wellbeing Strategy. However, the story does not end here. As the key process through which local needs assessment is undertaken, this product will need to be regularly refreshed and further JSNA products developed to assist commissioning organisations to set their priorities. A second JSNA product that focuses on profiling the clinical needs of the population of Thurrock to assist the Thurrock CCG in setting further commissioning priorities is currently under development. Further products to be agreed by the Thurrock JSNA Steering Group will follow.

During the 'transition' year of 2012/13, the Thurrock Shadow Health and Wellbeing Board will use this, and future JSNA products to develop a Shadow Health and Wellbeing Strategy, which in turn will inform the key commissioning priorities of key stakeholders. Figure 4 below, sets out how the JSNA fits into this commissioning cycle.

Figure 4 How the JSNA, Commissioning Cycle and Joint Health and Wellbeing Strategies fit together



JSNA Overview and Report Structure

The statutory duty for Primary Care Trusts and top tier local authorities to produce a Joint Strategic Needs Assessment (JSNA) was first set out in the government white paper *A Commissioning Framework for Health and Wellbeing.*[2] The 2010 NHS White Paper: *Equity and Excellence: Liberating the NHS*[3] reiterated the importance of the JSNA as a commissioning tool for the future, and the recent Health and Social Care Act that resulted from it, stated that local authorities and GP consortia through the Health and Wellbeing Boards, have an obligation to prepare a JSNA that will inform a Joint Health and Wellbeing Strategy.

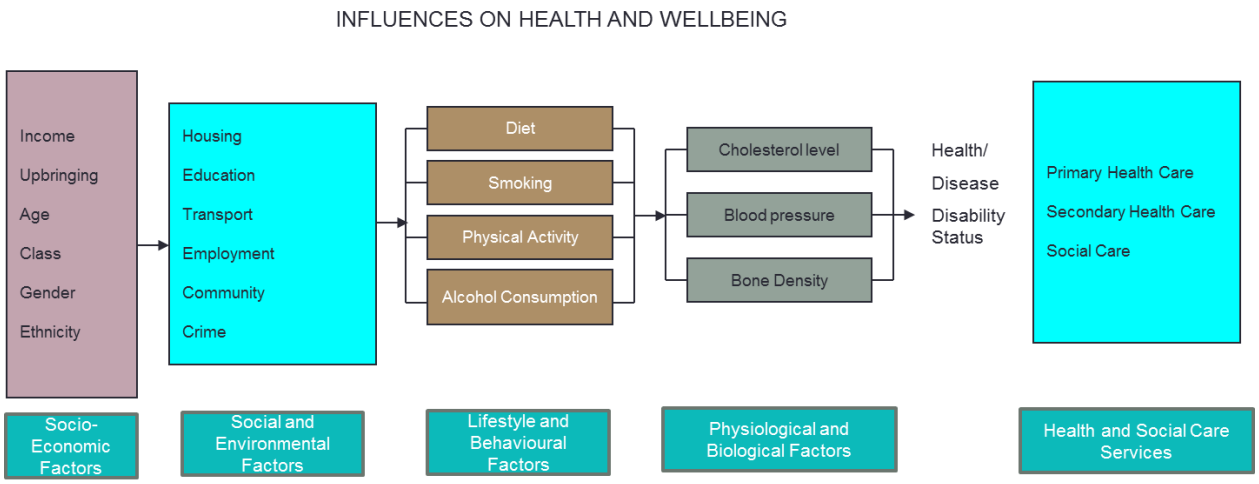
The JSNA needs to produce analysis that drive and add real value to commissioning processes across key strategic partners including health, local government and the third sector, and to drive the decision making processes of the new Health and Wellbeing Boards and development of local Health and Wellbeing Strategies. In order to achieve this, the JSNA needs to be thought of not as a single static document, but as a living data store fed by many sources; a framework making undertaking all needs assessment and making analytic capacity available and a dynamic process from which a number a specific 'products' are delivered to support commissioning decisions to improve health and wellbeing in its broadest sense.

This document represents the first of those agreed 'products' of Thurrock JSNA process. It comprises of a refresh of the original JSNA profile produced in 2007/8 that was developed under the Southend, Essex and Thurrock (SET) area arrangements, but unlike its predecessor, it's focus is far more Thurrock orientated. It aims to provide a 'big picture' description of health and wellbeing in its widest sense. Where data sources are available, it focuses down to ward and Middle Super Output Area (MSOA) to describe and highlight differences in the health and wellbeing status of populations living in different areas within Thurrock, and compares Thurrock to its Chartered Institute of Public Finance and Accountancy comparator group of local authorities which have broadly similar population profiles, and to our geographical neighbours, to highlight where we are doing significantly better or worse than our peers. CIPFA is the professional body for people working in public finance and it developed the nearest neighbour statistical tool to aid local authorities in comparative and benchmarking exercises. While recognising that each local authority is unique, the model adopts a scientific approach to measuring the similarity between authorities based upon a wide range of socio-economic indicators. Where possible, this document also provides an analysis of trends both historical and predictive. Its aim is to assist commissioners to identify where future resources may need to be focused and to highlight where further more in-depth JSNA products are required.

Influences on health and wellbeing can be thought of as a chain of factors, with each factor influencing the next, with the broadest socio-economic factors at the start of the chain and the health and social care services that are required to deal with resulting health status of our population at the end.

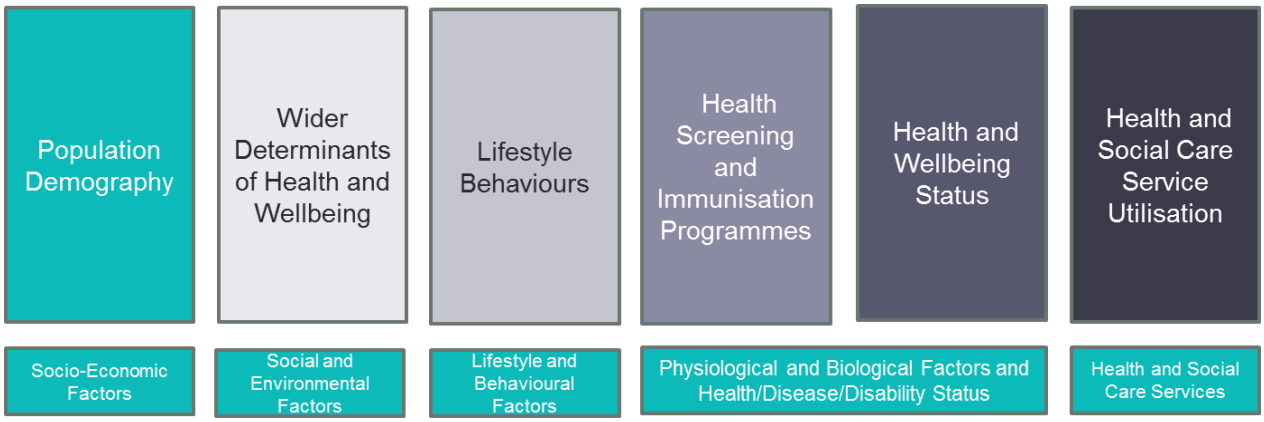
Figure 5 illustrates this.

Figure 5



We have chosen to structure this report, into chapters using this model. Figure 6 illustrates the chapters and how the relate to the 'chain' of influences on health and wellbeing.

Figure 6



The JSNA should also be used as a vehicle to engage patients, clients and users of services, and the general public to understand their needs and opinions and feed these into commissioning processes. These are reflected in the final chapter of this report.

References

[1] Marmot, M. and Wilkinson, R. Social patterning of individual health behaviours: the case for cigarette smoking, 1999, Oxford: Oxford University Press

[2] Department of Health 'A Commissioning Framework for Health and Wellbeing', March 2007, Gateway 7361

[3] Department of Health 'Equity and Excellence: Liberating the NHS' June 2010, Gateway 14385