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<b>Meeting</b>	<b>Health and Well-Being Board</b>
<b>Date</b>	<b>21<sup>st</sup> November 2013</b>
<b>Subject</b>	<b>Refresh of the Joint Strategic Needs Assessment (JSNA)</b>
<b>Report of</b>	<b>Director of Public Health</b>
Summary of item and decision being sought	<p>The production of a JSNA is a requirement of the Health and Well-Being Board. The new format of thematic reports will allow more regular updates to be produced across the three year cycle of the JSNA. This refresh includes six themed reports on Cardiovascular Disease; Children; Dementia; Diabetes; Maternity and Child health; and Mental Health.</p> <p>The Board are asked to note these draft reports.</p>

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Officer Contributors	Carole Furlong, Consultant in Public Health and the Barnet and Harrow Knowledge and Intelligence Team
Reason for Report	The production of a JSNA is a requirement of the Health and Well-Being Board.
Partnership flexibility being exercised	N/A
Wards Affected	Whole Borough
Contact for further information	Carole Furlong, Consultant in Public Health, <a href="mailto:carole.furlong@harrow.gov.uk">carole.furlong@harrow.gov.uk</a>
Appendices	<p>Appendix A: Draft Mental Health JSNA</p> <p>Appendix B: Draft Diabetes JSNA</p> <p>Appendix C: Draft CVD JSNA</p> <p>Appendix D: Draft Children &amp; Young People JSNA</p> <p>Appendix E: Draft Dementia JSNA</p> <p>Appendix F: Draft Maternity &amp; Infant Health JSNA</p>

## **1. RECOMMENDATION**

- 1.1 That the Health and Well-Being Board notes the draft reports which will be updated following the Autumn Catch up Event on November 5<sup>th</sup> 2013. They will be represented to the Board in January 2014 for sign-off.**

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

- 2.1 The reports are a refresh of the Joint Strategic Needs Assessment which supports the Health and Well-Being Strategy.

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)**

- 3.1 The report supports the Health and Well-Being Strategy and other strategies by providing analysis of local issues upon which the strategies can be written.

## **4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 The Equality Act 2010 places specific and general duties on service providers and public bodies. This includes having due regard to the equality implications when making policy decisions around service provision.

- 4.2 The individual needs assessment reports benchmark Barnet against England and London and where possible give more local analyses. This has been done with respect to equalities for example, age and gender specific rates, if the data supports this level of analysis. If data is available to cover disability then this will be included in future version. However, it must be noted that, for the majority of datasets, equalities groups are not recorded and therefore they do not support this analysis.

## **5. RISK MANAGEMENT**

- 5.1 None identified.

## **6. LEGAL POWERS AND IMPLICATIONS**

- 6.1 Publishing a JSNA has been a statutory requirement for all NHS Primary Care Trusts (PCTs) and Local Authorities since 2008. The Health and Social Care Act 2012 amended existing legislation to place this responsibility on Local Authorities and CCGs. This is connected to the duty to prepare joint Health and Well-Being Strategies. Local Authorities, CCGs and the NHS Commissioning Board must have regard to these documents when exercising their functions.

## **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

- 7.1 The reports identify the current health status of the populations and the current and future needs. The current and future needs identified are anticipated to be met from existing and budgeted resources.

## **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

- 8.1 The reports have been compiled with contributions from commissioners.

8.2 The reports were discussed at the Partnership Board's Catch Up Meeting on 5<sup>th</sup> November 2013. This has enabled the team to update the reports, add additional data and complete the stakeholder views sections.

## **9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS**

9.1 See 8.2.

## **10. DETAILS**

10.1 The JSNA will be refreshed as a rolling programme of themed reports. There will be two main formats for the reports. The first will be detailed briefings based on specific national Public Health Outcome Framework Indicators (the first three of which have already come to the Barnet Health and Well-Being Board) and the second will be thematic reports. The papers submitted today are thematic reports.

10.2 In addition, the Annual Report of the Director of Public Health will contribute to the knowledge base with quarterly data updates on all of the Public Health Outcome Framework indicators produced as they are released by Public Health England.

10.3 This refresh includes six themed reports on Cardiovascular Disease; Children; Dementia; Diabetes; Maternity and Child health; and Mental Health.

10.4 Each report includes

- A summary of key messages;
- Local data and maps;
- Benchmarked data in the form of a spine chart (a graphical representation of a range of indicators which can be compared to the London and England averages and the range across England. Generally, where the dot for the local area is on the left of the central line, the indicator is worse – either in performance or in terms of higher need – than England. Where it is on the right of the centre line performance is better or there is lower need than England);
- A page summarising the key data in words;
- Some examples of work that is currently being undertaken;
- A final page (currently blank) that will include stakeholder views and which will be completed after the meeting on 5<sup>th</sup> November 2013.

## **11 BACKGROUND PAPERS**

11.1 None.

Legal – SW  
CFO – AD