
Meeting	Health and Well-Being Board
Date	23 rd January 2014
Subject	Joint Strategic Needs Assessment (JSNA)
Report of	Director of Public Health
Summary of item and decision being sought	<p>The production of a JSNA is a requirement of the Health and Well-Being Board. These 6 reports are re-presented to the Board with amendments made in response to the Board and the partnership forum Autumn update.</p> <p>The Board are asked to accept these reports.</p>

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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
Status (public or exempt)	Public
Contact for further information	Carole Furlong, Consultant in Public Health, carole.furlong@harrow.gov.uk
Appendices	<p>Appendix A: Children and Young People JSNA</p> <p>Appendix B: Dementia JSNA</p> <p>Appendix C: Maternity and Infant Health JSNA</p> <p>Appendix D: CVD JSNA</p> <p>Appendix E: Diabetes JSNA</p> <p>Appendix F: Mental Health JSNA</p>

1. RECOMMENDATION

- 1.1 That the Health and Well-Being Board accepts the draft reports and notes the actions to further refresh the JSNA.**

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 Section 196(1) The Health and Social Care Act 2012 requires that the functions of the CCGs and local authorities of preparing a Joint Strategic Needs Assessment and a Joint Health and Well-Being Strategy be discharged by the Health and Well-Being Board. Local authorities, CCGs and NHS England 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 status of the population and the current and future needs. They do not have financial implications. It is through the Health and Well-Being Strategy that health and social care commissioners should demonstrate how local priorities have been informed by the findings of the JSNA.

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 Summit meeting on 5th November 2013 and have been shared the respective CCG clinical leads for their input.

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 and quarterly data updates on all of the Public Health Outcome Framework indicators will be 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 These reports were presented to the Board as drafts in November 2013. They have been reformatted to incorporate explanation of the data and how to interpret the spine charts. The stakeholder views have been added. The reports were sent to the CCG and were updated where comments were received.

10.5 Each report includes

- A summary of key messages;
- Local data and maps with commentary and explanation of each of the graphs and maps. The data within the reports covers population demographics; risk factors and determinants that contribute to the topic (which may be lifestyle, societal, service or environmental); health outcomes and non-health outcomes.
- Benchmarked data in the form of a spine chart (a graphical representation a range of indicators which can be compared to the London and England averages and the range across England);
- A final page of stakeholder views from the Autumn Catch up of the Partnership Boards on 5th November 2013.

10.6 Future reports under the JSNA umbrella are in progress. These include

- A thematic report on vulnerable children/children in need
- A needs assessment on child and adolescent mental health services
- A needs assessment on adults with autistic spectrum disorder including Asperger's syndrome (due to start in early February 2014)

10.7 A JSNA Programme Board is to be set up. As the JSNA is being coordinated by the joint public health service, this will be organised jointly with Harrow Council. It needs the input of the different partners so that the work can be considered as a joint piece of work.

Representatives from adult social care, children's services, housing, planning, culture, leisure and environmental health have been invited to be part of the programme board in addition to the CCG and Healthwatch partners. An additional voluntary sector representative will be sought. The remit of this Programme Board is:

- to ensure that all partners are fully engaged in the development of the JSNA;

- to identify data and data sources and to establish the necessary data sharing agreements to support the development of the JSNA;
- to identify and prioritise the work programme for future updates in 2014;
- to determine the extent to which it is necessary to aim for consistent outputs across different topic areas;
- to agree what can be delivered within available resources ensuring an agreed delivery schedule and identifying if/where additional capacity needs to be secured;
- to consider how the evidence presented in local needs assessments, development plans and commissioning plans, will contribute to the general picture of need in the borough in the 2015 JSNA
- to develop the work plan for the next full JSNA which will be developed in 2015 so that it informs the development of the next health and wellbeing strategy which is due in 2016.

10.8 Following sign off by the Health and Well-Being Board, these reports will be added to the Council website so that they are accessible to partners, stakeholders and the public.

11 BACKGROUND PAPERS

11.1 None

Legal – LC
CFO – AD