

	Health and Wellbeing Board 30 July 2015
Title	Draft Joint Strategic Needs Assessment (JSNA) and emerging priorities for the Health and Wellbeing Strategy
Report of	Director of Public Health
Wards	All
Date added to Forward Plan	March 2015
Status	Public
Enclosures	Appendix 1: Contents of draft JSNA Appendix 2: Summary of identified needs from the JSNA Appendix 3: Draft JSNA
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Summary This briefing provides an update on the development of Barnet's Joint Strategic Needs Assessment (JSNA), which is currently at draft stage (appendix 3), and seeks the views of the Health and Wellbeing Board on its content and format before it returns to the Board in final form on 17 September 2015.

Recommendations 1. That the Health and Wellbeing Board notes the content of the draft JSNA (appendices 1-3) and comments on its findings, including any areas to be developed further. 2. That the Health and Wellbeing Board give views about which areas highlighted in the draft JSNA it considers should inform the content and priorities of the Health and Wellbeing Strategy, which will be presented in draft form to the Board on 17 September 2015.
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3. That the Health and Wellbeing Board notes that the final JSNA will return to the Board on 17 September 2015 for sign off.

1. WHY IS THE REPORT NEEDED

1.1 Background

1.1.1 In November 2014 the Health and Wellbeing Board commissioned a refresh of the 2011 Joint Strategic Needs Assessment (JSNA), to inform the development of a new Health and Wellbeing Strategy.

1.2 What is the JSNA?

1.2.1 The JSNA is the evidence base for understanding population-level need in Barnet. It has been designed to support joined up, evidence-based decision making and commissioning by the Barnet Health and Wellbeing Board, Barnet CCG, social care, public health, the wider public and voluntary sectors, and providers.

1.2.2 Producing a JSNA is legal requirement of the Public Involvement in Health Act (2007). Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through the Health and Wellbeing Board.

1.3 How can the JSNA be used?

1.3.1 The 2015-2020 JSNA is somewhat broader than the 2011 JSNA. The vision from the outset has been that **it should focus on being a commissioning evidence base for decision making in Barnet**, with a deeper level of member and senior officer engagement and ownership than was the case previously. The intention is that this will help facilitate the leadership-level discussions that will be taking place over the coming years around closer alignment and developing a different model of commissioning and delivery that focuses on longer-term prevention, early intervention and demand management across organisational boundaries.

1.3.2 The intention is that by having a shared understanding of the size and nature of Barnet's people in one place that focuses on 1) the needs of the population, irrespective of organisational or service boundaries, 2) areas of common or shared interest and 3) reducing demand for scarce resources whilst also improving outcomes, the JSNA will act as a tool to help partners come together to share expertise and resources to improve the prospects of people living here.

1.3.3 A number of broad principles were applied from the outset to guide the development of the JSNA. These were that it would:

1. Focus on **prevention, early intervention and demand management**
2. **Use existing data only, with no primary data collection.** Where data we want in the JSNA does not exist or is not accessible this has been logged to be followed up or commissioned at a later date if required.

3. In addition to identifying need over the next 3-5 years, **looking ahead 20-30 years to identify longer-term trends and needs** that will have implications for public sector decision making.
 4. Align with and **support existing and more specific service-level needs assessments e.g. for mental health**
 5. Be **a dynamic way of working, not a static document** e.g. via a new JSNA “micro-site” which will be updated and refreshed on an ongoing basis.
 6. **Non-political, impartial analysis** with no recommendations about priorities (which is the function of the Health and Well Being Strategy), only identification of need and differential outcomes.
- 1.3.4 Alongside the written “paper” JSNA that is out in Appendix 3, **there will be an accompanying online JSNA “microsite” that will be updated regularly and be accessible to (and be owned by) both council and NHS commissioners**, and the public more widely. The Microsite would be branded jointly and equally with LB Barnet and Barnet CCG logos.
- 1.3.5 The JSNA **may also provide a platform to commission early intervention work using an “ecosystem” approach**, for example in relation to working with the voluntary sector to reduce social isolation whilst increasing volunteering levels and improving the borough’s parks and green spaces at the same time.
- 1.3.6 A detailed content for the JSNA is contained within Appendix 1.
- 1.4 **Methodology**
- 1.4.1 The approach to developing the JSNA to date has a number of characteristics that make it different from the 2011 JSNA:
1. **Focus on developing ownership** at senior level across LBB and the CCG, alongside the actual analytical work. Emphasis throughout that we have collectively contributed to and own the JSNA and the analysis it contains.
 2. **Co-production** - the majority of the JSNA has been produced outside of the council’s Commissioning Group with the support of officials in the CCG and other council service areas.
 3. Focus has been on **identifying top-level strategic needs for decision makers** that are grounded purely in insight and evidence. De-emphasis on simple descriptive statistics that do not correspond to a specific identified need, and are therefore of lower value to commissioners.
 4. **Clear messages communicated to partners about of the Strategic function of the JSNA**, not just as a “nice-to-have” evidence base, but as a plank for aligned strategic commissioning and priority setting across Barnet and through the Health and Well Being Board e.g. potentially to inform LBB Corporate Plan and future demand pressures, CCG operational plans etc.
 5. **Supporting the Health the Well Being Board, CCG and Council jointly agree the shape and needs in the population.** Enabling more

detailed discussions in the future about co-commissioning of services, aligned priorities, and addressing cost-shunting between health and social care (either way).

1.5 Key findings

1.5.1 The findings of the JSNA are divided into two broad sets. **The first relates to generally understood needs and demand pressures**, updating and expanding them to incorporate the most current data and analysis, and to make them more focused and relevant to decision makers.

1.5.2 **The second category relates to significant and cross-cutting issues** that have been identified and which present new opportunities and challenges for the partnership, and may require additional thought and leadership in the period ahead. These new issues tend to be longer-term in nature and connect traditionally different areas of public service.

1.5.3 Demographic demand pressures

- **Barnet's population is continuing to grow**, and we are now the largest borough in London by population. Fastest growth correlates with regeneration areas, with Golders Green, Colindale and Mill Hill being the wards the GLA is projecting to have the fastest rate of population growth over the next 15 years.
- **The >65 population is growing at three times the rate of the total population**. Brunswick Park, Hale and Coppetts Wards are anticipating even faster rates of ageing.
- **Barnet's population is becoming more diverse**, driven predominantly by natural change in the established population. In particular, >50% of the 0-4s in Barnet are from a BME background.
- **The large majority of referrals to social care are from either primary or secondary care settings**, with only a small minority coming from friends, family and established networks. Could more be done to encourage these groups to do more to refer earlier, before a small health problem becomes a crisis?
- **Smoking, bad diet, and a lack of exercise are main causes of premature death** in Barnet.
- Coronary Heart Disease and Cancer are the main causes of death for men and women in Barnet.
- Barnet has a **lower than average percentage of people** with mental health conditions and learning disabilities in work than other areas.
- The CCG has identified **delayed transfers of care** as an area of growing demand, with an upward trend in numbers.
- Crime in Barnet is relatively low, however burglary rates are higher, and **there is strong evidence to suggest that significant under-reporting of crime amongst young people** who have been victims.
- Resident's tell us that their **top concerns are the condition of roads and pavements, and the affordability of housing**. Overall resident satisfaction with Barnet as a place to live is lowest in Burnt Oak, correlating with many other poor outcomes in that area.

- **Growing number of people with mental health conditions** as the population. Mental Health has been identified by the CCG as their number one demand pressure.
- **A need for a different kind of relationship with carers, particularly young carers**, to support them into a successful adult life.

1.5.4 Key longer-term issues, challenges and opportunities for future work

- **There is a long term shift away from home ownership and towards renting. This has implications for the funding of social care when the current cohort of working age adults, who are less likely to own, grows older as they will have less wealth on average to self-fund** using the value in their property. This group may also have lower savings/alternative sources of wealth as a greater proportion of this will have been spent on rent than is currently the case. More work is needed to understand and model the impacts of this change.
- **The JSNA has identified a number of strong proxy indicators that evidence says could be used to target and intervene much earlier to reduce high life-long levels of demand.** The strongest proxy identified is child admissions to hospital with tooth decay. More work is needed to understand the opportunities associated with taking a more joined up and holistic referral and commissioning approach to these children and their families to reduce intergenerational need.
- **Inequality is rising in the borough.** Strong growth in average borough incomes is driven predominantly by the most affluent wards. The poorest (Burnt Oak and Underhill in particular) have experienced no nominal growth over the last 2 years (and a real terms fall).
- **Social isolation is associated with higher wealth, areas of lower population density, and less established social networks.** These areas have been identified and are incorporated into the JSNA and there is an opportunity to reduce demand by working with VCS groups, particularly befriending schemes, dinner clubs etc., to help reduce isolation and associated needs/demand pressures. Could isolated people also be encouraged to volunteer in parks and grounds maintenance, which insight tells us this group likes to do?
- **The JSNA has identified sectors in the economy (care, leisure and retail in particular) where employers tell us they find it difficult to recruit to.** We have also identified work needed to help schools match their offer (in terms of both academic study and wider vocational careers/employability advice) with the local demand for labour. There is an opportunity to bring these issues together and support younger people who may have higher levels of need and unemployed residents into the labour market at a population level using JSNA analysis.
- Male life expectancy is converging with that of females, as men live for longer. **In the future as they live longer. What are the implications of this on need and service design?**
- **The JSNA includes evidence about which interventions and investments are most effective at reducing future demand to health and social care.** Housing is rated as number one, followed by a range of

established public health interventions and more holistic good parenting support. It may be useful to apply some of these interventions to the Barnet population, guided by the HWB Strategy, to understand whether they might have a positive and cost effective impact on outcomes.

1.5.5 The complete set of findings from the JSNA is presented in Appendix 2.

1.6 **Informing the Health and Wellbeing Strategy (2016 – 2020)**

1.6.1 Following a review of the current emerging findings from the JSNA, priorities are being considered for each theme (themes remain from the current HWB Strategy). Ideally there would be one key priority for each theme with other areas of importance highlighted in the section:

1.6.2 **Preparation for healthy life** (Children's Trust / HWBB): This priority is still subject to discussion, the current priority areas being considered include –

- The role of early year's settings in improving and maintaining health and wellbeing – the HWB Strategy would take an active role in promoting early years setting as a place for service delivery (in line with integration) to improve outcomes for children, young people and the wider community.
- Child tooth decay – area of concern highlighted in the JSNA refresh, with links to child poverty and deprivation. Multi agency targeted approaches required.
- Child Sexual exploitation would be included in this section with the HWBB's duty to ensure that this agenda is considered as important by all members and partners.

1.6.3 **Wellbeing in the community** (CCG and LBB): It is recommended that this theme has the priority of mental health in the community. This would build on the HWBB's recent role in reviewing our vision for mental health in the borough and would become the HWB Strategies key priority for year one with the HWBB overseeing and driving the importance of mental health and wellbeing. This would incorporate –

- Maternal mental health
- Toxic trio (domestic violence, mental health and substance misuse) – highlighted in the Early Intervention and Prevention Strategy and the JSNA as a key issue for poor outcomes for Barnet's children
- Undiagnosed mental health problems (including dementia)
- Children and Adolescent Mental Health – key joint priority for the CCG and LBB
- Improved Access to Psychological Therapies
- Reimagining Mental Health work led by the CCG

- Redefining mental health social care
 - Progress around supporting people with mental health problems to gain and retain employment (including work with Job Centre Plus)
- 1.6.3.1 The HWB Strategy would have a role in ensuring a whole family approach to service delivery and intervention, ensuring that services working with vulnerable adults identify children and young people affected (including young carers) and make appropriate, early referrals.
- 1.6.3.2 This theme will also identify healthy workplace and workforce as a priority. HWBB member organisations to become champions of the healthy workforce agenda. LBB are currently exploring the London Healthy Workplace Charter and in discussions with the CCG about their initiatives.
- 1.6.4 **How we live** (Public Health): It is recommended that this theme has the priority of healthy lifestyles, for the reduction of obesity and to prevent long term conditions, with the particular focus on - increasing participation in physical activity for all residents to reduce obesity and the prevalence of long term conditions – linked with parks and open spaces and taking into account inequalities in participation highlighted by the JSNA.
- 1.6.4.1 Substance misuse would be included in this section with the role of HWB Strategy to raise the awareness of substance misuse would be highlighted with the Community Safety Partnership the main driver for this area, reporting to the HWBB as necessary.
- 1.6.4.2 This section will also discuss the housing needs in the borough including changes in tenure with an increase of people renting (as highlighted by the JSNA), appropriate housing for care leavers, people with disabilities and older people and understanding the causes of homelessness in the borough (linking with the Housing Strategy).
- 1.6.5 **Care when needed** (LBB and CCG): It is recommended that this theme has the priority of:
- Carers including young carers and identification, championing the needs of carers and the positive role and contribution that they play in the health and social care system
- 1.6.5.1 This section would give an overview of health conditions in the borough from the updated JSNA and cover areas of concern for example tuberculosis.
- 1.6.5.2 This section would highlight the integration work and progression needed, stating this as a way of working across the strategy rather than a specific priority – through health and social care services (through the Better Care Fund), work around transitions, pathway reviews as well as with other boroughs and CCGs (particularly in North Central London)

- 1.6.5.3 Getting the basics right would be included in this section highlighting duties under the Care Act and Children and Families Act as well as the CCG's priority to improve primary care. This section would also champion the increased use of technology within health and social care, service quality and safety as well as the roll out of Personal Health Budgets.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Producing a JSNA is legal requirement of the Public Involvement in Health Act (2007). Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through the Health and Wellbeing Board

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not producing a JSNA would create a risk of non-alignment across the Health and Well Being Board membership, may result in decisions being made either in silos or based on sub-optimal evidence and intelligence, and increase the likelihood of unnecessary duplication and overlap of public sector spend.

4. POST DECISION IMPLEMENTATION

- 4.1 Following discussion by the Health and Wellbeing Board the JSNA will be used to inform the content of the Health and Wellbeing Strategy, and to develop the JSNA website that will sit alongside the paper/PDF JSNA.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The JSNA supports evidence-based decision making across the Health and Well Being Board, and informs the priorities set out in the Health and Well Being Strategy and aligns with the aims of the Barnet Council Corporate Plan 2015-2020.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The JSNA is simply an evidence base to inform local priorities and commissioning decisions. The JSNA does not say which areas resource should be committed to, which is the function of the Health and Wellbeing Strategy. The JSNA will support work to focus on improving the health and wellbeing of the population and on placing emphasis on effective and evidence-based demand management activity and so will indirectly support improved public sector efficiency and reducing demand for public resources as people live healthier lives.

- 5.2.2 The JSNA website that is being developed alongside the written analysis is being developed jointly by LB Barnet and Barnet CCG, and will be completed by December 2015.

5.3 Legal and Constitutional References

- 5.3.1 Producing a JSNA is legal requirement of the Public Involvement in Health Act (2007). Local authorities and clinical commissioning groups (CCGs)

have equal and joint duties to prepare JSNAs and JHWSs, through the Health and Wellbeing Board

5.3.2 The Health and Wellbeing Board, at its meeting on 13 November 2014, recommended that work commence on developing a JSNA to inform the Health and Wellbeing Strategy.

5.3.3 The Council's Constitution (Responsibility for Functions – Annex A) sets out the Terms of Reference of the Health and Wellbeing Board which include:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To agree a Health and Well-Being Strategy for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.
- To consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the joined-up commissioning plans across the NHS, social care and public health.
- Specific responsibilities include overseeing public health and developing further health and social care integration.

5.4 Risk Management

5.4.1 There is a risk that if the JSNA is not used to inform decision making in Barnet that work to reduce demand for services, prevent ill health, and improve the health and wellbeing and outcomes of people in the Borough will be sub optimal, resulting in poorly targeted services and avoidable demand pressured across the health and social care system in the years ahead.

5.5 Equalities and Diversity

5.5.1 The JSNA has equalities embedded at its core, explicitly covering the current and future needs of people in Barnet from every equalities group and socio-economic background. The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups

and foster good relations between people from different groups. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.6 Consultation and Engagement

5.6.1 Then JSNA development process has involved engagement with a wide range of partners, services, and organisations including Barnet CCG, Barnet council, CommUNITY Barnet, and Barnet Health Watch. Contributions towards it have been made by over 40 individual experts.

5.6.2 The emerging findings of the JSNA have been tested with a range of internal and external groups to ensure they are focusing on the right areas and that different partners have some ownership of the final JSNA. Service users were engaged with and views sought at the Barnet Partnership Summit on 9 July 2015. In total the JSNA findings so far have been presented to and tested with over 160 partners, officers, and board members between May and July 2015.

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Priorities for 2015 – 2020, Health and Wellbeing board, 13 November 2014, item 7:

<https://barnet.moderngov.co.uk/documents/s19164/Health%20and%20Well-Being%20Priorities%20for%202015-20.pdf>