

	Health and Wellbeing Board 17 September 2015
Title	Joint Strategic Needs Assessment 2015-2020
Report of	Director of Public Health
Wards	All
Date added to Forward Plan	March 2015
Status	Public
Enclosures	Appendix 1: Barnet's JSNA 2015-2020 Appendix 2: JSNA Executive Summary
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Summary
<p>At its meeting on 30 July 2015 the Health and Wellbeing Board considered and commented on a draft of Barnet's refreshed Joint Strategic Needs Assessment (JSNA) 2015-2020. This report presents the final JSNA 2015-2020 (Appendix 1), incorporating comments provided by the Board then, along with an associated executive summary (Appendix 2). Should it be approved the JSNA will be published on the websites of Health and Wellbeing Board partners.</p>

Recommendations
<p>1. That the Health and Wellbeing Board approves Barnet's Joint Strategic Needs Assessment 2015-2020.</p>
<p>2. That the Health and Wellbeing Board comments on the wider approach being taken to maintaining and embedding the JSNA in Barnet, in particular the JSNA website which is being developed jointly by Barnet CCG and LB Barnet.</p>

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 inform joined up, evidence-based decision making and commissioning of the Barnet Health and Wellbeing Board, Barnet CCG, social care, public health, the wider public and voluntary sectors, and providers.

1.2.2 Producing and publishing a JSNA is a 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 Using and maintaining the Barnet JSNA

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 inform and help facilitate both the delivery of the Health and Well Being Strategy and 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 demand management and early intervention across organisational boundaries.

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

1. Focuses on **demand management, prevention and early intervention**
2. **Uses 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. Aligns with and **support existing and more specific service-level needs assessments e.g. for mental health**
5. **Is 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. **Provides 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.

1.3.3 Alongside the written “paper” JSNA that is contained in Appendix 1, **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 London Borough of Barnet (LBB) and Barnet CCG logos.

1.3.4 The intention is that the website would be updated on a rolling basis by officers across Barnet CCG and Barnet Council, for instance to reflect significant new analysis of identified needs. The website would also be the repository of all more detailed service-level needs assessments (where it is appropriate for these to be in the public domain), for instance relating to mental health or pharmaceutical needs. The day to day operation and maintenance of the website would be undertaken by the Public Health Team on behalf of the Health and Well Being Board.

1.4 **Methodology**

1.4.1 The approach to developing the JSNA to date has a number of characteristics make it different from the 2011 JSNA:

1. **Focus on developing ownership** at senior level across LBB and Barnet 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 demand pressures, CCG operational plans etc.
5. **Supporting the Health the Wellbeing 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 **Contents of the JSNA**

1.5.1 The JSNA contains twelve sections that have been designed to cover the determinants of health and wellbeing, and to provide analysis that is directly relevant to commissioners and decision makers across the health and social care system. The sections are:

1. Demography
2. Socio-economic and environmental context
3. Barnet population segments

4. Health
5. Lifestyle
6. Primary and secondary care
7. Children and young people
8. Adult social care
9. Community safety
10. Community assets
11. Residents voice
12. Public sector finances

2. REASONS FOR RECOMMENDATIONS

- 2.1 Producing a JSNA is a 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 is not an option as it is a legal requirement of the Health and Wellbeing Board and not having one would create a risk of non-alignment across the local system. This 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 and maintain 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.

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 Well Being 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 Well Being Board, at its meeting on 13 November 2014, recommended that work commence on developing a JSNA to inform the Health and Well Being 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 unnecessary 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 covering the key areas of activity in all these organisations.

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>

Draft Joint Strategic Needs Assessment (JSNA) for and emerging priorities for the Health and Wellbeing Strategy, Health and Wellbeing Board, 30 July 2015, Item 6:

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8382&Ver=4>