

	<p><b>Health Overview and Scrutiny Committee</b></p> <p><b>13 October 2015</b></p>
<p style="text-align: right;"><b>Title</b></p>	<p><b>Joint Strategic Needs Assessment and draft Joint Health and Wellbeing Strategy</b></p>
<p style="text-align: right;"><b>Report of</b></p>	<p>Director of Public Health Commissioning Director Adults and Health</p>
<p style="text-align: right;"><b>Wards</b></p>	<p>All</p>
<p style="text-align: right;"><b>Status</b></p>	<p>Public</p>
<p style="text-align: right;"><b>Urgent</b></p>	<p>No</p>
<p style="text-align: right;"><b>Key</b></p>	<p>Non-key</p>
<p style="text-align: right;"><b>Enclosures</b></p>	<p>Appendix 1: Barnet’s Joint Strategic Needs Assessment (2015 – 2020) Appendix 2: Joint Strategic Needs Assessment (2015 – 2020) Executive Summary Appendix 3: Draft Joint Health and Wellbeing Strategy (2016 – 2020)</p>
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<p><b>Summary</b></p>
<p>This report contains Barnet’s Joint Strategic Needs Assessment (JSNA) 2015 – 2020 (Appendix 1). The JSNA has been recently updated and was agreed by the Health and Wellbeing Board on 17 September 2015. Using the JSNA as an evidence base, the Borough’s Joint Health and Wellbeing Strategy has been updated (Appendix 3). The Joint Health and Wellbeing Strategy is currently out for public consultation prior to final consideration and approval by the Health and Wellbeing Board on 12 November 2015.</p>

## Recommendations

1. That the Committee comment on how the JSNA could be used to inform council and public sector decision making in Barnet, and recommend any topics where additional future research into population-level need may be required.
2. That the Committee comment on the proposed vision, priorities and actions contained in the draft Joint Health and Wellbeing Strategy

### 1. WHY THIS REPORT IS 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 Joint Health and Wellbeing Strategy (JHWB Strategy)
- 1.1.2 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 JHW Strategies, through the Health and Wellbeing Board

#### 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.

#### 1.3 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

## 1.6 **What is a Joint Health and Wellbeing Strategy**

1.6.1 The Joint Health and Wellbeing (JHWB) Strategy sets out the priorities for Barnet's Health and Wellbeing Board, with the aim of improving health and wellbeing for all Barnet residents. The priorities within the Strategy are based on the evidence provided by the JSNA and reflect feedback from consultation.

1.6.2 The JHWB Strategy refresh was offered an opportunity to review and improve the focus of the HWBB and its partners.

1.6.3 Key features of the JHWB Strategy refresh have been -

- Focus on specific areas of highest impact
- A plan that drives partnership working; health and wellbeing is everyone's business and responsibility
- Added value to current plans and strategies and becomes a guiding document of the work of the HWBB and its partners

## 1.7 **Work to date**

1.7.1 The current Health and Wellbeing Strategy has been reviewed in light of the JSNA 2015-2020 refresh, local strategies (current and draft), national guidance and policy and discussions with Barnet Council, Barnet Clinical Commissioning Group (BCCG), Healthwatch and the 5 Partnerships Boards (Older People's Partnership Board; Mental Health Partnership Board; Learning Disabilities Partnership Board; Carers Strategy Partnership Board; Physical and Sensory Impairments Partnership Board) which are made up of service users, carers and voluntary and community sector organisations.

1.7.2 The aims of the updated are Strategy –

- Keeping well

- Promoting independence

1.7.3 The current Strategy has four themes; the four themes have been retained with updated priorities. Each section of the Strategy (appendix 3) highlights activity since the last Strategy, key data from the updated JSNA, planned activity to meet our objectives in the area as well as targets. The table below gives an overview of each section –

<b>Vision</b>	To help everyone to keep well and to promote independence			
<b>Themes</b>	Preparation for a healthy life	Wellbeing in the Community	How we live	Care when needed
<b>Objectives</b>	Improving outcomes for babies, young children and their families	Creating circumstances that enable people to have greater life opportunities	Encouraging healthier lifestyles	Providing care and support to facilitate good outcomes and improve user experience
<b>What we will do to achieve our objectives</b>	Focus on early years settings and supporting parents especially older and first time mothers	Focus on improving mental health and wellbeing for all	Focus on reducing obesity through promoting physical activity	Focus on identifying carers and improving the health of carers (especially young carers)
		Support people to gain and retain employment work and promote healthy workplaces	Assure promotion and uptake of screening (breast cancer and cervical cancer) and the early identification of disease	Work to integrate health and social care services

## 1.8 Consultation

1.8.1 A number of engagement and consultation events have taken place already to inform the draft JHWB Strategy including discussions with Barnet's Youth Board, the Partnership Boards, Barnet's Safeguarding Boards, Healthwatch and colleagues at Barnet Council and BCCG.

1.8.2 The Strategy is currently out for public consultation which runs until the 25 October. The consultation aims to gain the views of partners, colleagues and

residents on the draft JHWB Strategy. The consultation includes an online feedback form promoted through a number of channels including CommUNITY Barnet, Healthwatch, Patient Participation Groups, Barnet's Communication team, local events and organised visits and meetings to specific groups such as schools and the Practitioner's Forum. The consultation can be found here - You will find the online consultation on Barnet Council's Engage Space - <https://engage.barnet.gov.uk/commissioning-group/joint-hwb-strategy-2016-2020>

- 1.8.3 Feedback from the consultation will inform the final JHWB Strategy 2016-2020 and will be reported to the Health and Wellbeing in November with the final Strategy.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1.1 The recommendations provide the Committee with the opportunity to highlight issues of interest from the updated JSNA and make comments about the content of the draft JHWB Strategy.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 Not applicable.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 The recommendations made by the Committee will be taken forward. The JSNA comments will be considered as areas of focus are developed and the comments on the Strategy will be incorporated into the final document.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 The JSNA supports evidence-based decision making across the Health and Wellbeing Board and partners. The JSNA informs the priorities set out in the Health and Wellbeing Strategy.

- 5.1.2 The JHWB Strategy supports evidence-based decision making across the Health and Wellbeing Board and its partners. The JHWB Strategy has been developed to align and bring together national and local strategies and priorities including Barnet Council's Corporate Plan 2015-2020 and BCCG's strategic plans.

### **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.

5.2.3 The JHWB Strategy directs the Health and Wellbeing Board priorities for the period 2016 – 2020, building on current strategies and focusing on areas of joint impact within current resources towards sustainability. The priorities highlighted in the Strategy will be considered by organisations when developing activities. The Strategy will support the work of all partners to focus on improving the health and wellbeing of the population and places emphasis on effective and evidence-based distribution of resources for efficient demand management. Each project will be individually funded however, using the existing resources of the participating organisations.

### 5.3 **Social Value**

5.3.1 The JHWB Strategy focuses on health and social care related factors that influence people's health and wellbeing, with clear recognition of the importance of addressing wider factors such as education, employment, income and welfare. These wider factors can both impact on and be impacted by the health and wellbeing of an individual or population, and need to be considered in order to make sustainable improvements to health and wellbeing. The JHWB Strategy will inform commissioning.

5.3.2 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

### 5.4 **Legal and Constitutional References**

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

5.4.2 The Terms of Reference of the Health Overview and Scrutiny Committee are set out in the Council's Constitution (Responsibility for Functions; Annex A) and has following responsibilities:

- To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which affect or may affect the borough and its residents.

- To receive, consider and respond to reports, matters of concern, and consultations from the NHS Barnet, Health and Wellbeing Board, Health Watch and/or other health bodies.
- To scrutinise and review promotion of effective partnerships between health and social care, and other health partnerships
- in the public, private and voluntary sectors.

## 5.5 Risk Management

5.5.1 There is a risk that if the JSNA and therefore JHWB Strategy 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.

## 5.6 Equalities and Diversity

5.6.1 The JHWB Strategy has used evidence presented in the JSNA to produce an evidence based resource which has equalities embedded at its core, explicitly covering the current and future needs of people in Barnet from each equalities group and socio-economic background relevant to Barnet.

5.6.2 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.

## 5.7 Consultation and Engagement

5.7.1 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.

5.7.2 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.

5.7.3 See point 1.8. A number of partners have been involved in the development of the JHWB Strategy and a public consultation is currently underway ahead of the final JHWB Strategy being produced in November.

## 5.8 Insight

5.8.1 The JSNA is an insight document and pulls together data from a number of



sources including Public Health Outcomes Framework, GLA population projections, Adults Social Care Outcomes Framework and local analysis. The Joint HWB Strategy has used the JSNA as an evidence base to develop priorities.

## **6. BACKGROUND PAPERS**

- 6.1 Draft Joint Strategic Needs Assessment (JSNA) 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>
- 6.2 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>
- 6.3 Joint Strategic Needs Assessment 2015 – 2020, Health and Wellbeing Board, 17 September 2015, item 6:  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8384&Ver=4>
- 6.4 Draft Joint Health and Wellbeing Strategy, Health and Wellbeing Board, 17 September 2015, item 7:  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8384&Ver=4>