Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Future development of the Joint Strategic Needs Assessment (JSNA)
Board Lead:	***Mary Black, Director of Public Health***
Report Author and contact details:	***Gemma Andrews, JSNA Officer 01708 432103, gemma.andrews@havering.gov.uk***

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- ☒ Priority 1: Early help for vulnerable people
- ☒ Priority 2: Improved identification and support for people with dementia
- ☒ Priority 3: Earlier detection of cancer
- ☒ Priority 4: Tackling obesity
- ☒ Priority 5: Better integrated care for the 'frail elderly' population
- ☒ Priority 6: Better integrated care for vulnerable children
- ☒ Priority 7: Reducing avoidable hospital admissions
- ☒ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

Government policy has strengthened the role of the JSNA from April 2013 and the Council is continuing its rolling programme of development. Moving forward local authorities and Clinical Commissioning Groups share joint responsibility for preparing and demonstrating the use of the JSNA to inform commissioning decisions. In March 2013 Statutory Guidance on JSNA and Joint Health and Wellbeing Strategies was released that emphasised the importance of ensuring that views fed in through the community participation process are captured within the JSNA and JHWS. The guidance recommended the establishment of strong working partnerships with the local Healthwatch organisation to achieve this. The report was taken to CMT on 12th February 2013 and recommendations have been followed and applied.

The report is brought before the board to request **approval for the proposed JSNA developments** (adding commentary to JSNA datasets and new deep dive chapters) as well as **discussion and decision on topics for the next in-depth needs assessments or 'deep dives'.** The report also discusses accessibility and the Pharmaceutical Needs Assessment in the context of the JSNA.

RECOMMENDATIONS

1) To work towards **ensuring that commissioning plans and decisions are supported** by evidence from the JSNA by:
   a) Selecting a HWB member to chair the JSNA subgroup
   b) Requesting that all papers brought to the HWB for policy and commissioning decision demonstrate links to needs identified in the JSNA.
2) To **agree the approach** outlined for developing the JSNA, including data commentary and 'deep dive' chapters.
3) To **discuss and agree topics** for the next in-depth needs assessments or 'deep dives'. Please note chapter specific recommendations in this section.

REPORT DETAIL

1.0. BACKGROUND

1.1. National Policy

Since 2008 there has been a statutory requirement for PCTs and Local Authorities to co-produce a Joint Strategic Needs Assessment (JSNA) for their local area. The JSNA is an on-going process of assessment of the health and wellbeing needs of local people, and provides an evidence base to inform commissioning of services that improve health and wellbeing outcomes, reduce health inequalities and support social inclusion.

Government policy has strengthened the role of the JSNA going forwards. Public health responsibility will transfer from PCTs to local authorities in April 2013. From this point forward, local authorities and Clinical Commissioning Groups will have a joint responsibility to prepare the JSNA and use it as the basis for the Joint Health and Wellbeing Strategy and subsequent commissioning decisions. Specifically, the Health and Wellbeing Board (HWB) will be the statutory mechanism through which these duties are fulfilled. There is a requirement to work closely with the local Healthwatch organisation to incorporate vital qualitative information on service user views. The JSNA must be published, since other key bodies, such as NHS England and voluntary sector bodies will also be obliged to have regard to the JSNA.

The JSNA has the potential to develop the whole health and social care response to more closely meet the needs of local people. It also presents an opportunity for the HWB to demonstrate action on their duty to promote and encourage integrated working across the wider determinants of health.

New requirements for the production and use of the JSNA:

- Statutory duty on Local Authorities (including Public Health) and NHS Clinical Commissioning Groups, fulfilled through Health and Wellbeing Board
- Relatively high **organisational significance**
- Integral to new-decision making forums
- More involvement of the local community in development of the JSNA through the Health and Wellbeing board (Health Watch representative)
- Robust link to commissioning
- Resource mapping to complement integrated planning and commissioning agendas
- Focus on community 'assets' and ''deficits'
- A wide range of partner engagement
- Moving from 'snapshot' to 'trend' data, using both quantitative and qualitative data

***Hudson and Henwood, 2012, The London Health and Wellbeing Partnership* Support Programme**

1.2. To meet the new requirements, the HWB should demonstrate:

- Active participation in the development of the JSNA, via the JSNA subgroup
- Documented use of the JSNA to a) assist in planning for future service provision within the borough and b) build a case for pooling of resources where integrated working is necessary to tackle major health issues
- Efforts to raise the profile of the JSNA's enhanced role in decision making and promote its use as the evidence base for all policy and commissioning decisions in the borough
- Direct support of the project management approach by ensuring **staff resources** from all partners are committed to the development of the JSNA as and when required

1.3. Making it happen

One way that the HWB could demonstrate action on their duty of active participation in the JSNA could be to select a HWB member to chair the JSNA subgroup. Their role would be to provide strategic steer and hold partners to account around the agreed programme of JSNA development. It is also recommended that the HWB request that all papers brought to the board for policy and commissioning decision demonstrate links to needs identified in the JSNA. CMT agreed that the Director of Public Health would be appropriate for this role.

1.4. Havering's JSNA

The Havering JSNA was initially produced in 2008, and has followed a rolling programme of development. The JSNA is hosted on the Havering Data Intelligence Hub and comprises of a suite of information including:

1) Datasets (presented in tables)
2) Chapters (pdf files)
3) Other independent Needs Assessments (pdf files)

Chapter topics to date include: Local Demographics, Cancer, Domestic violence, Cardiovascular disease, Breastfeeding, Smoking, Obesity, Dementia and most recently - Supporting vulnerable children and young people, Supporting vulnerable adults and older people and Keeping people out of hospital. Chapters provide additional information on local views, service provision and gaps etc.

2.0. FUTURE DEVELOPMENT

Going forwards we propose to develop the JSNA resource by:

2.1. Adding data commentary to JSNA datasets on the Data Intelligence Hub

The JSNA datasets on the hub are periodically updated - monthly, quarterly, annually, 2 yearly and 10 yearly. The proposal is to provide interpretative commentary, piloted on the Health theme. For example, when new data is released on dementia prevalence in Havering, commentary could include implications for health and social care services.

Members, internal/external commissioners and officers will be able to view and lift accurate interpretation of these datasets directly into their own business cases and reports. The JSNA commentary will be aligned with new data releases to ensure the latest possible information is presented and accessible. The pilot will be evaluated and if successful will be rolled out across the remaining 7 themes (Housing, Education, Economy, Environment, Equalities, Population and Crime). This commentary will serve as ongoing surveillance to identify indicators where performance is poor and highlight topics that need to be addressed through more in-depth needs assessments ('deep dive' chapters).

2.2. A series of 'deep dive' chapters to help inform Health and Wellbeing Strategy

'Deep dive' chapters aim to provide enhanced detail around a particular topic, with consideration of the impact of interacting factors, for example the toxic trio (substance misuse, domestic violence and mental health).

'Deep dive' chapters will inform the Health and Wellbeing Strategy by providing the HWB with valuable information to set direction and prioritise commissioning decisions within limited resources.

Through consultation with partners and staff the following potential JSNA 'deep dive' topics have emerged:

a) Queens Hospital research project

CMT felt that this topic represents an issue that the National Commissioning Board, CCG and Council can make a real impact on through the new collaborative working arrangements.

Recommendation: CCG take lead on this joint project and co-author chapter to ensure that the research questions match clinical commissioning information needs. Healthwatch must also be engaged in the planning and development of this project to ensure patient experience research is imbedded into the process.

b) Children's services

It has been agreed that the independent Children and Young People baseline needs assessment will be included in the Havering JSNA moving forward. There is strong opinion that further needs assessment is required particularly around troubled families, the toxic trio and public health early years prevention areas.

Recommendation: The Children and Young People needs assessment is recommended as the first chapter for refresh as it is required to influence new commissioning post June 2013.

c) Sexual health

Monitoring of access to sexual health services is within the public health transition mandate to local authorities. To date, a short paragraph on teenage conceptions and sexually transmitted infection rates (including Chlamydia) has been included in the 'Supporting vulnerable children and young people' chapter. This needs assessment revealed that although Havering has lower under-18 conception rates than the England/London averages more young people who conceive go on to have abortions than the England average. Further work could look at why and how this will impact on service demand and provision.

d) Mental health (adults and children)

Incorporation of the independent Mental Health needs assessment into the JSNA is under discussion, since currently mental health is predominantly assessed within the chapters 'Supporting vulnerable adults and older people' and 'Dementia'. Although Havering Child and Adolescent Mental Health Services (CAMHS) is mentioned in the 'Supporting vulnerable children and young people' chapter, there are some gaps in recorded data around mental health issues in vulnerable young people, including information on transitional issues from childhood to adulthood.

e) Drugs and Alcohol misuse

Some information is included within the 'Supporting vulnerable children and young people' chapter. Incorporation of the Drugs and Alcohol Action Team (DAAT) needs assessment into the JSNA is recommended. Further needs assessments around adult issues are recommended, including:

- Long-term conditions and alcohol
- Drug related deaths
- Acute sector and blood-borne virus data (driving commissioning of 'Payment by Results')

f) Wider determinants of health, including Housing (Environmental Health & Public Protection) and Education

With the transfer of the Public Health function into local authority, there is enhanced scope for collaborative working between Public Health, Public Protection (legislation) and Housing to look at health inequalities and improve wellbeing. Air pollution is a current issue of interest following the proposal of imposing fines on councils for failing to meet the EU limit values.

g) Autism

In line with 'Statutory guidance to Local Authorities and NHS organisations to support the implementation of the Autism Act (2010)', Havering Adult Autism Strategy has highlighted that more intelligence is required to inform future commissioning of services for people with Autism. Data is not currently collected on the number of school leavers or adults with autism and the impact of this on housing and employment in the borough. In partnership with the National Autistic Society, Adult Social Care is undertaking an asset mapping project to produce a directory of existing services for people with autism. The directory could be included in the chapter and made accessible to the public in an autism friendly/ easy read format.

h) Havering Demographics update (Census 2011)

The Office of National Statistics (ONS) carried out the Census in March 2011and are now in the process of releasing the data. The ONS have produced a prospectus regarding release dates and new geographies; both are published on

the Havering Data Intelligence Hub and can be viewed here: http://www.haveringdata.net/research/census2011.htm

This list is not exhaustive. **The HWB is asked to discuss and put forward topics for consideration before agreeing which to take forward, with what priority, over the next 12 months.**

2.3. Clarifying where the Pharmaceutical Needs Assessment (PNA) responsibility will sit and whether it can be included in the JSNA

Draft regulations suggest that in light of the transfer of the PNA responsibility to the HWB in April, the next compulsory refresh will be postponed to 2015. NHS North East London & City Pharmacy Commissioning states that the PNA takes 6 months to complete, therefore 18 months is available to build understanding and plan. There may be potential to incorporate elements of the PNA into the JSNA in future, however no commitment will be given to this until further legislative detail is released and there is clarification of any financial risk. Risk is managed at this time since any financial implications will be charged to the 2014-2015 budget.

2.4. Improving JSNA accessibility

There is on-going commitment to enhancing the look and improving accessibility of the JSNA, drawing on experience of other local authorities, to make it more user-friendly and interactive.

2.5. Using a project management approach

The JSNA will be delivered through a project management approach, which requires commitment of staff resources from all partners as and when required. 'Deep dive' chapters will be developed subject to commitment of resources from allocated leads, with technical data analysis support and advice from Public Health and Corporate Policy and Partnerships. The JSNA will incorporate information from existing service strategies and the project group will work with service directors to input intelligence around current provision/ plans for change (**see Appendix 1**). The JSNA Officer will marry needs assessment requirements with resources available from within the council and external partners. The Havering JSNA Data model outlines the operational approach (see **Appendix 2**). Major operational issues will be raised through the JSNA subgroup. This approach reduces duplication of work, improves quality and optimises existing expertise within partner organisations. The JSNA will be continually reviewed and aligned with the timescales of the HWB priority deadlines, such as the Health and Wellbeing Strategy interim review and 2014 refresh, CCG Commissioning Strategy Plan and NHS England key publications.

IMPLICATIONS AND RISKS

Financial implications and risks:

The existing JSNA Officer post will carry out this work via a project management approach, utilising the skills and expertise of the existing workforce. In the event that the PNA is considered for inclusion in the JSNA, a cost of between £40-60K has been estimated by existing NELC staff, which includes seeking specialist pharmaceutical expertise.

Legal implications and risks:
Production and evidenced use of the JSNA is a mandatory requirement for Local Authorities, Clinical Commissioning Groups and NHS England.

Human Resources implications and risks:
Staff actively involved in the JSNA project will be required to honour a small time commitment to attend one of two project groups: the JSNA steering group (strategic) or the JSNA project team (operational). The JSNA project team will have rolling membership dependent on the 'deep dive' chapters selected. Members of the JSNA project team will be required to attend meetings and arrange for the provision of service specific data and commentary to be incorporated into the chapter at set intervals.

Equalities implications and risks:
The current JSNA Equalities Assessment (EA) is available upon request. The data commentary would improve access and, therefore, optimise the positive impact of the JSNA products without negatively impacting any protected characteristics groups.

BACKGROUND PAPERS

Appendix 1 – Relationship between JSNA and Health and Wellbeing Strategy and wider Commissioning Plans

Appendix 2 - Havering JSNA data model (operational).

Policy Briefing –Statutory Guidance on JSNA & HWBS 2013[1] (attached).

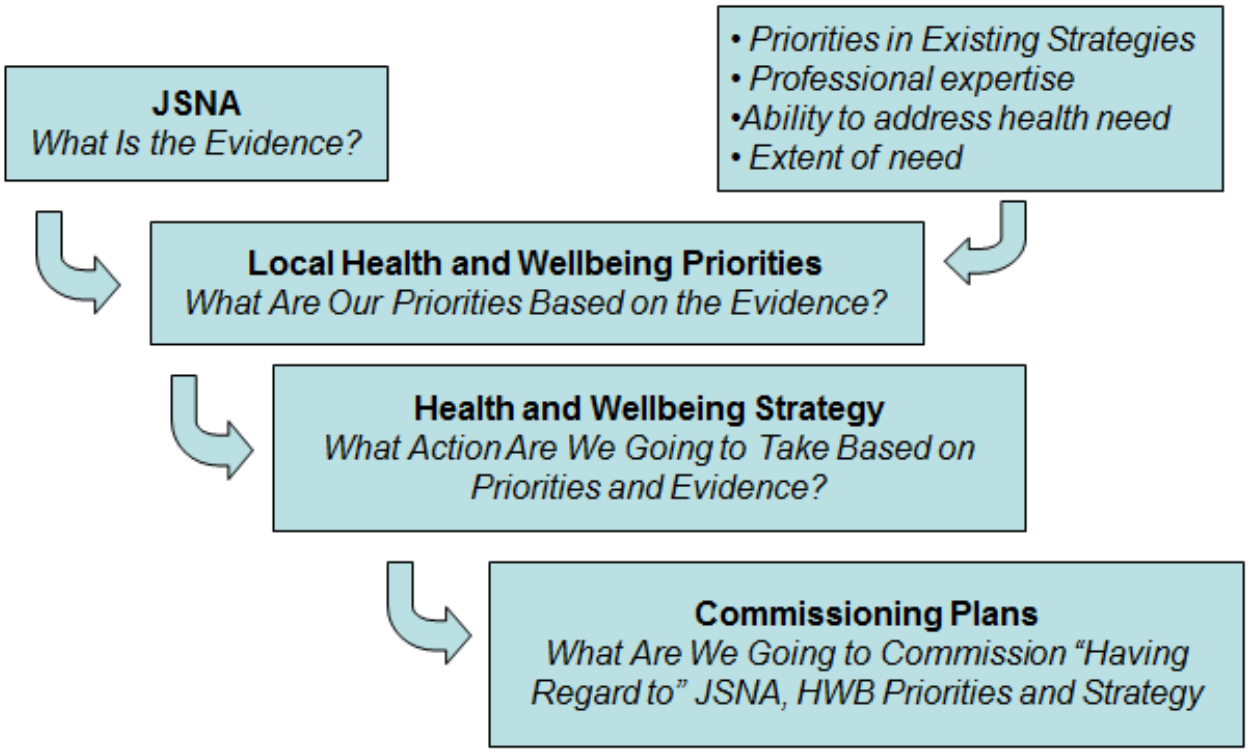
Statutory guidance published on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies - http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/

JSNA Equality Assessment (available upon request).

No further papers are provided as all Havering JSNA documents are available in the public domains as "published papers" on the Havering Data Intelligence Hub JSNA tab at: http://www.haveringdata.net/research/jsna.htm .

Appendix 1

Relationship between JSNA and Health and Wellbeing Strategy and wider Commissioning Plans



Appendix 2

Havering JSNA data model	
1.Set timing	•Triggers •Implementation 'when & whys'
2. Who is involved?	•Local Authority (all services, including Public Health) •CCG •Healthwatch •Health & Wellbeing Board overview
3.Build a joint picture of scope	•Partnership working with HWB members and further local organisations
4. Define resources	•Can it be done in-house? If so, by whom? •What else do we need? •What assets do we already have?
5. Workplan	•JSNA HWB subgroup chaired by Mary Black, Director of Public Health
6. Assign roles	•Governance arrangements •Comments
7. Writing development, consulting & review	•Addressing Equality and Diversity requirements for publishing
8. Publishing	•Website testing and communication plan consolidation
9. Launch	•Maximising impact through effective communication •Link with Communications Team/ Public Health Campaigns
10. Evaluation	•Was the data used? How? •What learning is there to inform future development?

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healthwatch Havering

NHS Havering Clinical Commissioning Group