

## HEALTH & WELLBEING BOARD

<b>Subject Heading:</b>	BHR JSNA 2021 Development
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**The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy**

<input type="checkbox"/>	<p><b>The wider determinants of health</b></p> <ul style="list-style-type: none"> <li>• Increase employment of people with health problems or disabilities</li> <li>• Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do.</li> <li>• Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.</li> </ul>										
<input type="checkbox"/>	<p><b>Lifestyles and behaviours</b></p> <ul style="list-style-type: none"> <li>• The prevention of obesity</li> <li>• Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups</li> <li>• Strengthen early years providers, schools and colleges as health improving settings</li> </ul>										
<input type="checkbox"/>	<p><b>The communities and places we live in</b></p> <ul style="list-style-type: none"> <li>• Realising the benefits of regeneration for the health of local residents and the health and social care services available to them</li> <li>• Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.</li> </ul>										
<input type="checkbox"/>	<p><b>Local health and social care services</b></p> <ul style="list-style-type: none"> <li>• Development of integrated health, housing and social care services at locality level.</li> </ul>										
	<p><b>BHR Integrated Care Partnership Board Transformation Board</b></p> <table> <tr> <td>• Older people and frailty and end of life</td><td>Cancer</td></tr> <tr> <td>• Long term conditions</td><td>Primary Care</td></tr> <tr> <td>• Children and young people</td><td>Accident and Emergency Delivery Board</td></tr> <tr> <td>• Mental health</td><td>Transforming Care Programme Board</td></tr> <tr> <td>• Planned Care</td><td></td></tr> </table>	• Older people and frailty and end of life	Cancer	• Long term conditions	Primary Care	• Children and young people	Accident and Emergency Delivery Board	• Mental health	Transforming Care Programme Board	• Planned Care	
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## SUMMARY

This report offers the board an overview of the current status of development of the BHR 2021 Joint Strategic Needs Assessment (JSNA) being carried out jointly by the Havering, Barking and Dagenham and Redbridge Public Health teams.

This is the second iteration of the BHR JSNA document following a successful collaborative approach taken by the three local authorities last year, which culminated in the production of a modern, easy to use and detailed JSNA that is complemented with an online tool to facilitate both the interrogation and further exploration of useful data, reports, and maps by interested stakeholders.

The current aim is to finalise the scoping of the BHR JSNA 2021 in the next eight weeks with the intention of updating literature and collating relevant data by September 2021 and to draft the final document by November 2021. According to this timetable, the 2021 JSNA will be presented to the ICP Board and respective Health and Wellbeing Board for approval in December 2021 and if approved publish it shortly after.

## RECOMMENDATIONS

The HWB to note and feedback considerations on the current development framework and provide directions if required.

## REPORT DETAIL

### 1 Introduction and Background

- 1.1 The Health and Social Care Act 2012 amends the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).
- 1.2 In the Act, the Government sets out a vision for the leadership and delivery of public services, where decisions about services should be made as locally as possible, involving people who use them and the wider local community. The Act supports the principle of local clinical leadership and democratically elected leaders working together to deliver the best health and care services based on the best evidence of local needs.
- 1.3 Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole.
- 1.4 JSNAs are assessments of the current and future health and social care needs of the local community. Such needs could be met by the local authority, CCGs, or the NHS CB10. JSNAs are produced by health and wellbeing boards and are unique to each local area.
- 1.5 In 2019 the Directors of Public Health in Havering, Barking and Dagenham and Redbridge led on the project of delivering a Joint Strategic Needs Assessment for



the BHR area where each Local Authority delivered in 2020 a unique JSNA to their areas that at the same time gave full regards to the other areas, offering a comparative approach and delivering a JSNA that is both local to the individual areas and to the BHR area at large.

- 1.6 The published JSNAs incorporated, and were complemented by, an online tool called Local Insight that allowed detailed interrogation of data referred to in the JSNA along with a package of analytical reports that can be downloaded by the public and made use of.

## **2. Delivery of BHR JSNA 2021**

- 2.1 The successful collaborative approach taken by the three local authorities last year, which culminated in the production of a modern, easy to use and detailed JSNA at BHR level, endorses a continuation of such work and the production of a BHR JSNA in 2021 that is complemented with an online tool to facilitate both the interrogation and further exploration of useful data, reports, and maps by interested stakeholders.
- 2.2 Although partially hindered by the refocusing of resources to meet the challenges posed by the pandemic, the delivery of the 2021 BHR JSNA is progressing well, with a revision of the latest JSNA and an initial scoping of this year one almost complete, and the Local Insight online platform already procured for, available online and made available for the public to make use of it for at least a further year.
- 2.3 The next stage of the delivery of this BHR JSNA 2021 will concentrate on the introduction of a new assessment of needs relating to public health protection where impacts of unforeseen circumstances such as the Covid-19 pandemic will be addressed and assessed at a local level.
- 2.4 The delivery and maintenance of the online tool is considered crucial, as going digital is very important to reach to wider audiences including commissioners, commercial entities, professionals and other stakeholders.

BHR JSNA 2021 iteration of the Local Insight tool will include a larger set of data and will attempt to give regards to newer geographies such as ones that could mirror primary care networks (PCNs). The current work is now exploring such considerations which would offer an alternative to the traditional views that are often based on borough boundaries and wards.

- 2.5 The BHR JSNA steering group will engage with Locality / PCN and transformation teams to ensure the 2021 JSNA includes key intelligence required where data is available.
- 2.6 The current aim is to finalise the scoping of the BHR JSNA 2021 in the next eight weeks with the intention of updating literature and collating relevant data by September 2021 and to draft the final document by November 2021. According to this timetable, the 2021 JSNA will be presented to the ICP Board and respective Health and Wellbeing Board for approval in December 2021 and if approved publish it shortly after..

## **3 Challenges**

- 3.1 BHR intelligence teams do not have access to primary care data. This is an impasse that prevents the teams from offering an individual patient level analysis in support



3.2 Public Health Intelligence teams' capacity is limited due to COVID-19 surveillance responsibilities and the BHR JSNA delivery is an additional task alongside other mandatory intelligence products. Therefore, suggested timelines have taken this into consideration, and it is hoped the final JSNA report will be delivered and published by end of January 2022.

#### 4.1 Timelines May 2021 – January 2022

	Completed
	Completion date / In progress
	Not delivered

[illegible]



## IMPLICATIONS AND RISKS

JSNA is a statutory requirement and failing to deliver it would result in breaches in local Public Health authorities' duties, including the respective Health and Wellbeing boards.

## BACKGROUND PAPERS

Link to most recent BHR JSNA profiles:

[https://bhrjsna.communityinsight.org/custom\\_pages?view\\_page=43](https://bhrjsna.communityinsight.org/custom_pages?view_page=43)

Link to BHR online insight tool:

<https://bhrjsna.communityinsight.org/map/>