

HEALTH AND WELLBEING BOARD

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Report Title: Progress on the 2015 JSNA

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Chief Officer: Dr Nada Lemic, Director of Public Health

1. SUMMARY

- 1.1 Joint Strategic Needs Assessment (JSNA) has been a statutory requirement of local authorities and NHS primary care trusts since 1 April 2008.¹ Original guidance set out an expectation that the JSNA be carried out jointly by the director of public health, director of adult social services and director of children's services.
 - 1.2 The aim of the JSNA is to deliver an understanding of the current and future health and wellbeing needs of the population over both the short term (three to five years), and the longer term future (five to ten years) to inform strategic planning commissioning services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities.
 - 1.4 The JSNA is an evidence based document highlighting need, as such it is distinct from the Health & Wellbeing Strategy which it informs.
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2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

At previous meetings the Health and Wellbeing Board (HWB) agreed that it would receive regular updates on the progress in completing the annual JSNA to increase knowledge which will assist in informing the HWB priorities. This report therefore describes the progress on the 2015 JSNA, and asks the Health & Wellbeing Board members to consider the process for agreeing in depth areas in the future.

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSITUTENT PARTNER ORGANISATIONS

- 3.1 *Whilst the Public Health Team within the LB Bromley have the lead responsibility for completing the JSNA a project steering group has been established with representatives from*
 - Education & Care Services

- Adult Social Care
 - CCG Clinical Lead
 - Children's Services
 - Community Links Bromley
 - Healthwatch Bromley
 - LA Housing
 - LA Planning
 - Voluntary Sector Strategic Network
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Health & Wellbeing Strategy

The JSNA is an evidence based document highlighting need, as such it is distinct from the Health & Wellbeing Strategy which it informs. The Health & Wellbeing Strategy outlines the priorities (based on the JSNA) agreed by the Health & Wellbeing Board together with the proposed actions and expected outcomes.

Financial

1. Cost of proposal:
 2. Ongoing costs:
 3. Total savings (if applicable):
 4. Budget host organisation:
 5. Source of funding:
 6. Beneficiary/beneficiaries of any savings:
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Supporting Public Health Outcome Indicator(s)

The JSNA will record progress against the Public Health Outcome Indicators.

4. COMMENTARY

4.1 Progress on the 2015 JSNA

Key milestones for the JSNA were agreed at the Health & Wellbeing Board meeting in March 2015, as follows:

Key Milestones

Scope developed and agreed March 2015

Data collected, collated, and analysed

} April 2015 to October 2015

Sections drafted, proofs produced and document edited

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JSNA finalised and published – October to December 2015

Progress is up to date with drafts of sections completed.

The final draft will be circulated to members of the Health & Wellbeing Board during the interval before the next meeting, so that final approval can be agreed at that meeting.

The final document and Executive Summary will be published on the My Life website.

4.2 Agreeing In Depth Areas for the Next JSNA

This year, in depth areas were selected in a number of ways:

- Areas for which Bromley was an outlier on the Public Health Outcomes Framework e.g. excess winter deaths, statutory homelessness.
- Areas of concern for the CCG (population in care homes)
- Populations of importance to Bromley, which had not been considered in depth before (older people's health)
- Areas of concern to LA commissioners (vulnerable young people).

Members of the Health and Wellbeing Board are asked to consider whether this approach is acceptable as a way forward, or whether some other approach be instituted.

5. FINANCIAL IMPLICATIONS

6. LEGAL IMPLICATIONS

Joint Strategic Needs Assessment (JSNA) has been a statutory requirement of local authorities and NHS primary care trusts since 1 April 2008.

7. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM

8. COMMENT FROM THE DIRECTOR OF PUBLIC HEALTH

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date]