
HEALTH AND WELLBEING BOARD

Date: Tuesday 8th December 2015

Report Title: Approval of the 2015 JSNA

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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 asks the Health & Wellbeing Board members to approve the 2015 JSNA and to consider a proposal for the structure of next year's JSNA.

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 2015 JSNA

The final draft of the 2015 JSNA was circulated to members of the Health & Wellbeing Board in early November so that final approval can be discussed at this meeting. A presentation is attached.

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

4.2 Agreeing In Depth Areas for the Next JSNA

At the last Health & Wellbeing Board meeting, it was suggested that it might be helpful for the 2016 JSNA to be structured in such a way as to support the new integrated care networks across Bromley. An outline of a proposed structure for the 2016 JSNA is included in the Appendix. 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]

Proposal for JSNA 2016

Introduction

Bromley is moving to a system of delivering health and social care through integrated care networks. It has been suggested that the JSNA structure reflects and supports this new arrangement.

This proposal considers the structure and development of the 2016 JSNA if it is to describe health and social care needs in each of the three Integrated Care Networks in Bromley.

Each of the usual sections will be replicated for each network area. But there will also need to be an over-arching section to allow for benchmarking against London and national figures.

To inform commissioning, information will need to be collected from:

- Practices
- Secondary care (including mental health and palliative care)
- Community services
- Social care including care homes
- Education
- (Prescribing)
- Screening and immunisation
- Public Health services

(Pharmacy provision in each of the network areas could also be considered).

This could be developed in a format similar to the ward profiles and the practice profiles, but with a more extensive narrative.

Information sharing needs to be agreed as a priority.
Data requirements need to be agreed.

Sections

Each topic area will have a section relating to Bromley as a whole with benchmarking against regional and national information, and a network based section using data from practices and services.

It is likely that this work will identify gaps in information at network level.

[Type text]

APPENDIX

[Type text]

Section		Bromley	Networks
Demography		Full section as in previous JSNAs	Look at age, sex, ethnicity, employment from practice data, identify gaps in data. Not possible to give population projections for networks.
Populations of Interest	Disease Burden	Full section as in previous JSNAs with regional and national benchmarking.	Disease and risk factor prevalence from practice data.
	Older People	Key issues and updates for whole of Bromley.	Use practice data to identify disease and risk factor prevalence.
	Children/Young People		Use practice data to identify disease and risk factor prevalence. Data from Health and Wellbeing Service. How will education information fit with networks?
	Mental Health		Use practice data to identify patients with mental illness, other disease and risk factor prevalence.
	Learning Disabilities		Use practice data to identify LD patients, disease and risk factor prevalence.
	Physical Disabilities and sensory Impairment		Look at practice data. Level of identification of patients with PDSI, disease and risk factor prevalence.
	Carers		Use practice data to identify carers and disease and risk factor prevalence.
	Substance Misuse and Alcohol		Use practice data and service data to identify substance/alcohol misuse patients, disease and risk factor prevalence.
	End of Life Care		Need to explore how practice data could be used. Look at service data from St Christopher's and Community Provider.
	Homeless		Possible homeless health needs audit.
Service Outcomes and Activity			Secondary Care, Community Services, Social Care, Children's Services, St Christopher's

Data Working Group

Information sharing needs to be agreed at a high level, and there should also be a data working group to support agreement of required datasets, design of searches, data collection and analysis.

Information leads from the following teams should be involved:

- Public Health
- CCG
- Bromley Healthcare
- Social Care
- Children's Services
- Housing
- St Christopher's
- Oxleas?
- Bromley Drug and Alcohol Service

Capacity

This format of JSNA represents a significantly larger piece of work than the previous format (probably more than double) and will require a commitment from all organisations involved to provide not only information but personnel to ensure delivery.