

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 9 January 2014

Subject: INFORMATION REPORT – JSNA Update
- Health and Wellbeing Strategy
Implementation Plan

Responsible Officer: Dr Andrew Howe, Director of Public Health

Exempt: No

Enclosures:

JSNA data refresh on six themes:
Appendix A - Cardiovascular Disease
Appendix B – Children
Appendix C – Dementia
Appendix D – Diabetes
Appendix E - Maternity and Infant Health
Appendix F - Mental Health.

Section 1 – Summary and Recommendations

The documents present updated data on some of the topics covered by the JSNA. They are the first data refreshes and further ones are planned for 2014.

Recommendations:

The Board is asked to note these reports.

Section 2 – Report

Publishing a JSNA has been a statutory requirement for all NHS primary care trusts (PCTs) and local authorities since 2008. The Health and Social Care Act 2012 amended existing legislation to place this responsibility on local authorities and CCGs. This is connected to the duty to prepare joint health and wellbeing strategies. Local authorities, CCGs and the NHS commissioning board must have regard to these documents when exercising their functions.

A full JSNA was produced in 2012 which informed the development of the health and wellbeing strategy for Harrow. The JSNA will be refreshed as a rolling programme of themed reports. We believe that this approach will make the document more usable as stakeholders will only need to download the topics that they require rather than the whole report.

There will be two main formats for the reports. The first will be detailed briefings based on specific national Public Health Outcome Framework Indicators (the first three of which have already come to the Health and Well-Being Board) and the second will be thematic reports. The papers submitted today are thematic reports.

In addition, the Annual Report of the Director of Public Health will also contribute to the health and wellbeing knowledge base and quarterly data updates on all of the Public Health Outcome Framework indicators will be produced as they are released by Public Health England.

This refresh includes six themed reports on

- Cardiovascular Disease;
- Children;
- Dementia;
- Diabetes;
- Maternity and Infant Health; and
- Mental Health.

Each report includes

- A summary of key messages;
- Local data and maps with text interpretation;
- Benchmarked data in the form of a spine chart (a graphical representation a range of indicators which can be compared to the London and England averages and the range across England. Generally, where the dot for the local area is on the left of the central line, the indicator is worse – either in performance or in terms of higher need – than England. Where it is on the right of the centre line performance is better or there is lower need than England);

The documents have been circulated to relevant stakeholders and comments about the style and content have been incorporated into the final documents.

Further documents are already planned for early 2014 including an updated demographic profile and a report on vulnerable children. Two needs

assessments are also planned on Child and Adolescent Mental Health Services and Autism.

In order to inform the future JSNA refresh programme and the updating of the JSNA in 2015, a programme board is being established with representatives from across the council, the CCG and Healthwatch.

Financial Implications

The reports identify the current status of the population and the current and future needs. They do not have financial implications.

Risk Management Implications

None identified

Risk included on Directorate risk register? No

Separate risk register in place? No

Equalities implications

The Equality Act 2010 places specific and general duties on service providers and public bodies. This includes having due regard to the equality implications when making policy decisions around service provision.

The individual needs assessment reports benchmark Harrow against England and London and where possible give more local analyses. This has been done with respect to equalities for example, age and gender specific rates, if the data supports this level of analysis. If data is available to cover disability it has been included. However, it must be noted that, for the majority of datasets, equalities groups are not recorded and therefore they do not support this analysis. The issues relevant to protected characteristics in the reports are as follows:

Children and Young People: Age - level of children living in poverty higher than national average, lower than London average

Maternity and pregnancy: levels of mothers who smoke are lower and levels of breastfeeding and immunisations higher than national average

Diabetes and CVD: Ethnicity - higher rates found in people of South Asian and Caribbean origin. Harrow has higher rates of diabetes than national and London average. Harrow has lower rates of CVD than national and London average.

Corporate Priorities

These reports are data refreshes of the 2012 JSNA. They support the Joint Health and Wellbeing Strategy.

Section 3 - Statutory Officer Clearance

Name: Simon George Chief Financial Officer

Date: 18 December 2013

Name: Sarah Wilson

on behalf of the
Monitoring Officer

Date: 22 December 2013

Section 4 - Contact Details and Background Papers

Contact: Carole Furlong,
Consultant in Public Health
020 8420 9508

Background Papers:

- JSNA data refresh: Cardiovascular Disease;
- JSNA data refresh: Children;
- JSNA data refresh: Dementia;
- JSNA data refresh: Diabetes;
- JSNA data refresh: Maternity and Infant Health
- JSNA data refresh: Mental Health.

If appropriate, does the report include the following considerations?

1.	Consultation	YES
2.	Corporate Priorities	YES / NO