

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	11 May 2017
Subject:	Future Joint Strategic Needs Assessments (JSNA) in Harrow
Responsible Officer:	Dr Andrew Howe, Director of Public Health, Harrow Council
Public:	Yes
Wards affected:	All
Enclosures:	None

Section 1 – Summary and Recommendations

This report proposes a new way of producing the Joint Strategic Needs Assessment. It considers three options and makes a recommendation for a rolling virtual JSNA.

The Board are asked to support Option 3

Section 2 – Report

The Joint Strategic Needs Assessment is a requirement of the health and wellbeing board. This paper proposes changes to how the JSNA could be delivered in the future so that it is responsive and more easily managed.

Current situation

The model of developing the JSNA in Harrow has been to produce a single report every 3-5 years. These reports have been very large - the last one (2015-20) was around 400 pages - because they try to encompass all of the various topics that could be considered to be part of a JSNA.

And yet, each time they are produced, there are requests for more information; comments that the data is too old and that new data is now available; or complaints that the report doesn't cover particular subjects / population groups / risk factors / diseases and outcomes or wider determinants.

The burden for the production of the report falls on the Public Health Team and it takes many months to try to capture all of the information required with varying input from partners and other council teams.

Options

We have looked at how other areas have dealt with JSNA. A few have continued to produce large all-encompassing reports. Some have thematic reports produced annually e.g. a JSNA on children; a JSNA on diabetes or JSNA on air pollution. The third group have a rolling JSNA programme, with reports being added as work is done by various partners that contributes to knowledge about that topic area. These reports usually have a website, of varying sophistication, whereby the information can be shared publicly.

We have considered three options for the JSNA in Harrow

	Pros	Cons
Option 1: A single JSNA covering all topics produced once every three to five years	<ul style="list-style-type: none"> All of the information is in a single report It allows linkage of subjects within the report avoiding duplication 	<ul style="list-style-type: none"> The data gets out of date quickly The report is unwieldy and difficult to find information Considerable time and public health resource is taken to complete
Option 2: A thematic annual report	<ul style="list-style-type: none"> Allows in depth look at specific topics Annual focus on need assessment at HWB 	<ul style="list-style-type: none"> Would take a long time before each topic is covered <p>Likely that high profile topics will need to be refreshed before some topics covered</p>

<p>Option 3: A virtual JSNA</p>	<ul style="list-style-type: none"> • Will allow for in depth reports and shorter briefings to be included • Will allow links to other relevant reports to avoid duplication (e.g. planning or housing strategy; vitality profiles) • Gives flexibility to public health intelligence team • Could give regular (possibly each meeting or 6 monthly/annually) report to HWB on topics updated on website 	<ul style="list-style-type: none"> • Requires work on webpage to become more functional
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Proposal

Having considered the three options, we feel that that the most efficient way forward will be to adopt the third option.

To achieve this end, a new webpage will be created to help people find the information they are looking for. The webpage will be developed with four sections to reflect the health and wellbeing strategy:

- Start well: Topics will include those related to maternity, children and education
- Live well: Topics will include those related to population demographics, lifestyle; environment and housing, disease groups, long term conditions
- Work Well: Topics will include those related to work, worklessness, welfare and benefits, enterprise
- Age Well: Topics will include those related to older people, dementia, death and palliative care, winter wellness.

Financial Implications/Comments

The last JSNA cost in the region of £45k to £60k and was funded by the Public Health grant. There is no specific budget earmarked to support the delivery of the JSNA and continuation of a single JSNA would require budgetary provision to be identified.

The proposal to develop a web based report, which can be developed and updated over time, and to which partners are able to contribute should avoid the need to identify specific budget provision with input from within existing staff resources

It should be noted that in February 2016 Cabinet, as part of the Medium Term Financial Strategy, approved significant reductions to the public health team and the services commissioned from April 2018. This proposal should enable continued support for the JSNA requirement within the reduced level of resources.

Legal Implications/Comments

Section 116 of the Local Government and Public Involvement of Health Act 2007 requires local authorities and CCGs to prepare a JSNA which must be

published by the local authority. Under section 196(1) of the Health and Social Care Act 2012 this function is exercised through the Health and Wellbeing Board.. The joint health and wellbeing strategy is designed to meet the needs identified in the JSNA. Local authorities, CCGs and the NHS commissioning board must have regard to these documents when exercising their functions.

There are no additional legal implications of this proposal.

Risk Management Implications

The risks for this proposal are no different from the risks of the current JSNA development, those of capacity and engagement of partners in the provision and analysis of data and production of the reports.

Equalities implications

Was an Equality Impact Assessment carried out? No

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. As this report is a needs assessment rather than a report that recommends specific actions, an EQIA is not necessary. That is not to say that equality considerations are ignored. It is at the heart of the JSNA.

In past reports, the JSNA, where possible, benchmarks Harrow against England, London and statistical neighbours and where gives more local detail. This will continue to be the case in the proposed new format.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The report incorporates all of the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Donna Edwards.	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 20/4/17		
Name: Noopur Talwar	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 20/4/17		

Ward Councillors notified:	NO
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Section 4 - Contact Details and Background Papers

Contact: Carole Furlong, Consultant in Public health 2020 8420 9508

Background Papers: www.harrow.gov.uk/jsna