

Meeting: Overview and Scrutiny Committee

Date: 10th February 2009

Subject: Joint Strategic Needs Assessment

Responsible Officer: Paul Najsarek, Corporate Director, Adults and Housing

Portfolio Holder: Barry Macleod-Cullinane, Portfolio Holder for Adults and Housing

Exempt: No

Enclosures: None

Section 1 – Summary and Recommendations

This report provides a briefing about the duty to produce a Joint Strategic Needs Assessment.

Recommendations:

That the Committee note:

- The contents of the report.
- The key themes and areas of need that the JSNA identifies based on the health and well-being needs of the population of Harrow.
- The next steps of the JSNA process.

Reason:

To bring to the committees attention that the Joint Strategic Needs Assessment has been published.

Section 2 – Report

Background

The Joint Strategic Needs Assessment (JSNA) is intended as a strategic tool that will identify the health, well-being needs and inequalities of a local population to inform more effective and targeted service provision across agencies. The DH defines the JSNA as “the means by which Primary Care Trusts and local authorities will describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet these needs”

The JSNA is expected to influence the commissioning process across both health and social care and to underpin the development of the LAA. In essence a JSNA should highlight areas of local need, inequalities and areas for priority action across statutory agencies and stakeholders.

It provides a range of information and presents the key themes that have emerged from the information and engagement process. However, it does not include detail on specific issues and recommendations for action. As these will need to be addressed in the next stage of the JSNA process by those responsible across organisations for planning and commissioning activities.

The JSNA is also intended as a resource for stakeholders and partners to utilise and consider when prioritising, planning and reviewing services and developing needs assessments.

The JSNA will be published on the Council and Primary Care Trust's website and copies will be available.

Policy context

The Local Government and Public Involvement Act 2007 (s 116) places a duty from April 2008 upon local authorities and Primary Care Trusts (PCTs) to undertake a Joint Strategic Needs Assessment, to assess and identify the short, medium and long-term health needs of each social care authority.

The duty to carry out and publish a JSNA is placed with the Director of Public Health and Directors of Adult Social Services and Children's Services respectively.

The Commissioning Framework for Health and Well-being consultation 2007 introduced the concept of a JSNA as a key element of the commissioning framework and in December 2007 the final Guidance on Joint Strategic Needs Assessment was published. The JSNA Guidance compliments the following guidance - Creating Strong, Safe and Prosperous Communities and builds upon the Operating Framework for 2008/09, Our health, our care, our say White Paper 2006 and the Children and Young People's Plan 2009. The JSNA also has relevance for the Healthcare for London: A Framework for Action report and the NHS World Class Commissioning Programme.

Scope of JSNA

The JSNA assesses current and future needs over a 3-5 year period and over the longer term. The JSNA will be refreshed in line with the LAA.

The JSNA process is underpinned by the requirement to ensure partnership working is developed across and within agencies, including partner organisations. In addition to the Adults and Children's Directorates involvement, contributions from teams across the council have also contributed to the development of the JSNA. The public health team had staff vacancies during the development of the JSNA and were therefore not always in a position to supply some of the data or to be as involved as they would have planned.

Engagement with the voluntary sector was achieved through meetings with the chief executive of HAVS, information distribution to voluntary organisations and attendance at the Older Peoples Reference Group. Partnership Board meetings were also attended where a wide range of stakeholders were present.

The Local Strategic Partnership Board engaged with the JSNA process and during the development of the JSNA received regular progress reports. A final report will be presented to the March meeting.

The key elements of a JSNA are:

- The development of a prescribed core data set.
- Analysis of the core data set, which together with feedback from partner organisations and consultation with patients, service users, carers, voluntary sector and the public will help to inform our future priorities.
- Links to other plans – it is envisaged that the JSNA will contain information which will inform a number of local authority and PCT strategies and plans, thus encouraging joined-up commissioning across health and social care.
- The Children and Young People's Plan and the Every Child Matters Agenda are now clearly linked to the development of a holistic JSNA. Work is underway to strategically align where possible core datasets to ensure that the planning of services considers the needs of children in the wider context, as part of families, schools and communities.
- The guidance stipulates that the findings of the JSNA should be fed back to the local community using a variety of accessible methods and that this should include annual reports and PCT and Council websites.
- Directors of Public Health will incorporate relevant findings of the JSNA into the Annual Public Health Report.

Progress

The production of the JSNA is a developmental process that has been delivered through a phased approach.

Phase One January – June 2008

- Establishment of JSNA cross-organisational working group.
- Gathering a comprehensive broad core dataset, analysis of outcomes and a draft JSNA report that highlighted key themes within the borough.
- Library of current and future planned PCT/LA needs assessments and commissioning strategies produced.
- Development of JSNA website across the PCT and Council.

Phase Two July – November 2008

- A range of consultation activities was undertaken and the feedback helped to inform the final JSNA documentation.
- Finalisation of the JSNA report and accompanying core data set.
- JSNA documents published on website.

Phase Three December – February 2009

- Website updated
- Printed copies made available for stakeholders.

JSNA Key Themes

Harrow takes pride in the fact that overall, the people of the Borough enjoy relatively high levels of economic and social services success and also enjoy long and healthy lives. However, despite improving levels of wealth and health in Harrow (and England generally) over the last few decades, it is now clear that some groups have not benefited as much as others and there continue to be stark inequalities in health and social capital.

This first Joint Strategic Needs Assessment provides us with a wealth of detailed information and presents a comprehensive picture of both the causes and effects of ill health and social exclusion. Following the data analysis, feedback received from staff and members of the public in focus groups, meetings and surveys the following key themes have emerged from the analysis and are detailed in the JSNA documents:

- The challenge of success
- Inequalities
- Ethnic diversity
- Increasing number of older people
- Offering greater choice and control
- Strengthening community cohesion

Information gaps in the JSNA

Although a considerable range of information was gathered, there are some gaps due to a lack of available robust data. There was also a low response to the surveys, which could have provided a rich source of feedback. However, the JSNA did identify that there is likely to be areas of hidden need requiring further investigation in the following groups:

- People who fund their own care provision (self funders).
- Asian groups who are under-represented in mental health services.

- Needs of adults who are not users of any services.
- People who would like greater civic participation and community involvement.

The JSNA also identified areas for further exploration that included:

- An analysis of anti-depression prescriptions, as well as other mental health treatments offered, by ward, ethnicity and socio-economic status would increase understanding and reveal possible areas of action.
- As social profiles for drug users and alcohol mis-users may be very different, there is a need to differentiate between different pathways and outcomes.
- Reviews of adults with a learning disability, children and young people with learning disabilities, and an assessment of the Child and Adolescent Mental Health Service are taking place and will feed into JSNA updates.

Next steps

The development of the JSNA is an evolving process, which will be built up over time. The data collected as part of the JSNA, should be seen as an initial step in the delivery and provision of working towards better services for the residents of Harrow. All of the information and analysis has been completed for this year and the next phase of the JSNA will need to ensure that the following actions take place:

- Link the JSNA to the Sustainable Community Strategy and Local Area Agreement.
- Use the JSNA to inform and refresh commissioning and service development across the PCT and local authority.
- Develop and embed the JSNA, as an integral part of the planning cycle whereby detailed service level information is used to update the strategic needs assessment regularly.
- Work with PCT colleagues to address some of the information gaps that have been identified.
- Learn from the experience to date.
- Find ways to more effectively consult with the local community and stakeholders.
- Meet with key public health and council colleagues to continue partnership development, effective pooling of resources and ideas to deliver the next JSNA (refresh).

Equalities Impact

An equalities impact assessment has been carried out and acknowledges that the intention of this policy is to assist statutory organisations to identify the wider determinants of health, well being and inequalities of the local community and to start to explore the impact these may have on all members of the community within Harrow. The JSNA will be ongoing and the key themes used by planners and commissioners to inform commissioning, and service development in the future.

Financial Implications

The JSNA has been produced using existing resources and the cost of publishing the document is being shared with the PCT. The impact of the

JSNA on the commissioning strategies moving forward will need to be considered in the context of the overall Adults budget."

Performance Issues

The statutory duty to produce the JSNA has been fulfilled and will be monitored as part of the regular CSCI and DH monitoring arrangements.

Risk Implications

A risk register has not been completed. There are no risks associated with the production of the JSNA as it has met the statutory duty laid out in DH guidance.

Section 3 - Statutory Officer Clearance

Name: Sharon Clarke	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 28.1.09		
Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 28.1.09		

Section 4 - Contact Details and Background Papers

Contact: Sue Conn

Background Papers: JSNA Report and Core Data Report are available in the Health and Social Care section of the Harrow Website: www.harrow.gov.uk

If appropriate, does the report include the following considerations?

1.	Consultation	YES
2.	Corporate Priorities	YES