

#### HARROW STRATEGIC PARTNERSHIP BOARD 11<sup>th</sup> March 2010

## Joint Strategic Needs Assessment Refresh Information Item

### 1. Introduction

The requirement to produce a Joint Strategic Needs Assessment (JSNA) was outlined in the Local Government and Public Involvement Act 2007. The local authority with NHS Harrow and third sector partners produced the first JSNA in November 2008. The Department of Health has since recommended that the JSNA be refreshed.

The work undertaken to refresh the JSNA and the outcomes have been presented and signed off at the Adult Health and Wellbeing Partnership Group meeting in January. The purpose of this report is to inform the board of this development and to note findings.

# 2. Key Elements

#### 2.1 Background

The JSNA is intended as a strategic tool that identifies the health, well-being needs and inequalities of a local population to inform more effective and targeted service provision across agencies. 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 is expected to influence the commissioning process across both health and social care and to provide information to support the LAA. In essence a JSNA should highlight areas of local need, inequalities and areas for priority action across statutory agencies and stakeholders.

The JSNA provides a range of information and presents the key themes that have emerged from the information gathering and engagement process. The JSNA comprises two elements that are:

- A source document containing data
- A summary of findings and key themes

The refresh has included updating the original source materials to reflect current data and holding stakeholder events to review how the JSNA has been used and to identify any emerging unmet needs or changes since the original JSNA was undertaken. The refreshed JSNA now includes information about how needs are being addressed, who the key delivery groups are and identifies outcomes that address each of the key themes. In addition an action plan has been produced that will monitor progress over the next three years. The summary document will be published and the website updated to reflect the latest information.

#### 2.2 How the JSNA has been used

Stakeholder events provided feedback about how the JSNA has been used and the following examples give a flavour of this:

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Produced by Sue Conn, Senior Professional, Adults and Housing Directorate

- The voluntary sector has used it to understand local needs and demographics, and to support funding applications.
- The JSNA has been used to inform various strategy documents, e.g. PCT Strategic Commissioning Plan, Joint Analytical Group's Strategic Report, local authority's Housing Strategy for Older People, the Community Safety Plan and the Integrated Commissioning Strategy.
- It has been used to highlight information and service gaps, e.g. lack of data collection of learning disabilities, and dual diagnosis needs assessments.
- The JSNA has led to more partnership working between statutory and voluntary sector, e.g. joint work between the Somali community and police to enhance crime awareness and a youth conference Somali women's mental health event in partnership with PCT.
- The JSNA has also led to the development of new services and initiatives. Examples include:
  - Domestic violence support
  - Employment pathways for drug users following treatments
  - Posts to support carer and user engagement and service development
  - Shop4Support, and community equipment retail model
  - Development of Older people's services (e.g. matrons for long-term conditions, reablement, intermediate care pathways)
  - Information and screening events to highlight prevention of strokes and high blood pressure
  - Events and training sessions by MIND on religion, culture and BME women

# 2.3 The Source Document

Findings from updating the source data identified the following key elements:

- High proportion of babies with a Low birth weight and high infant mortality
- IMD measure –20 super output areas in Harrow fell within the top 20% of England's most deprived areas
- Ethnic Diversity- 6 times as many racial incidents directed towards BME people in Harrow, as there are White
- Educational inequalities-four wards have fewer than 10% of their population without any qualifications, one ward has 20.6%
- Smoking- Harrow has a lower than average smoking prevalence
- Obesity- overall proportion of adult population- 19.6%
- Physical Activity- Harrow one of the least active areas in UK
- Prevalence of coronary heart disease- premature mortality due to CHD reducingprevalence rate- increasing
- Mental health one in six people are experiencing a mental health problem that will require treatment
- Tuberculosis- NW London highest TB rates since 2002
- Older people demographics linked to higher incidence with a long term condition
- Cause of death adults under 65 years main cause of mortality is coronary heart disease

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## 2.4 Key themes

Consideration of data in the source document as well as feedback from consultations helped to identify the following key themes for the coming three years:

- 1. Sustainable development and enterprise
- 2. Prevention and safeguarding
- 3. Personalisation, with emphasis on choice and control
- 4. Services for children and young people, including education
- 5. People with mental health needs
- 6. Older people
- 7. Carers
- 8. Environment
- 9. Crime
- 10. Housing
- 11. People with a learning disability
- 12. People with a physical or sensory disability

Ensuring equality and the provision of culturally appropriate services is Integral to all of these themes and has therefore not been separated into another section. Equally the need to ensure that people at the transition between services is integral to many of the key themes.

### 3. Actions for the HSP Board

HSP Board to note that the requirement to complete a refresh of the JSNA has been completed.

### 4. Recommendations

HSP Board to review annually the achievement of outcomes identified in the refresh summary action plan.