

REPORT TO:	HEALTH AND WELLBEING BOARD 10 February 2016
AGENDA ITEM:	10
SUBJECT:	Proposal for JSNA programme 2016 and revised governance arrangements for the JSNA
BOARD SPONSOR:	Steve Morton, Head of health & wellbeing & acting joint director of public health, Croydon Council
CORPORATE PRIORITY/POLICY CONTEXT:	
<p>The Health and Social Care Act 2012 created statutory health and wellbeing boards as committees of the local authority. Their role is to improve the health and wellbeing of local people by promoting integration and partnership working between the NHS, social care, children's services, public health and other local services, and to improve democratic accountability in health. They have a statutory responsibility to assess the health and wellbeing needs of the local population through the JSNA. They have a duty to use the joint strategic needs assessment (JSNA) to agree priorities to be set out in a joint health and wellbeing strategy (JHWS).</p>	
FINANCIAL IMPACT:	
None.	
1. RECOMMENDATIONS	
<p>The health and wellbeing board is asked to:</p> <ul style="list-style-type: none"> • Agree proposals for the JSNA 2016 programme and changes to governance arrangements for the JSNA. 	

2. EXECUTIVE SUMMARY

2.1 This paper sets out revised proposals for the JSNA programme 2016 and for governance of the JSNA process. Proposals have been discussed and supported by the JSNA steering group, the CCG senior management team, and the JSNA governance group.


2.2 Section 4 proposes that two focused JSNA needs assessments are taken forward in sequence in 2016, social isolation, then patient activation and health literacy. It is also proposed that a needs assessment on adults with learning disabilities is taken forward outside the JSNA process. The key dataset would continue in its current format but with a small amount of interpretive text relating to key challenges and emerging needs identified.

2.3 Section 5 proposes a simplification of JSNA governance arrangements.

2.4 These proposals were considered and supported by the JSNA steering group on 18 November 2015, the JSNA Governance Group on 1 December 2015 and the CCG senior management team on 8 December 2015.

3. BACKGROUND

- 3.1 The purpose of joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs) is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence based priorities for commissioning which will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, should be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
- 3.2 In preparing JSNAs and JHWSs, health and wellbeing boards must have regard to guidance issued by the Secretary of State¹, and as such boards have to be able to justify departing from it.
- 3.3 JSNAs are assessments of the current and future health and social care needs of the local community. These are needs that could be met by the local authority, CCGs, or NHS England. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.
- 3.4 A range of quantitative and qualitative evidence should be used in JSNAs. There are a number of data sources and tools that health and wellbeing boards may find useful for obtaining quantitative data¹². Qualitative information can be gained via a number of avenues, including but not limited to views collected by the local Healthwatch organisation or by local voluntary sector organisations, feedback given to local providers by service users; and views fed in as part of community participation within the JSNA and JHWS process.
- 3.5 JSNAs can also be informed by more detailed local needs assessments such as at a district or ward level; looking at specific groups (such as those likely to have poor health outcomes); or on wider issues that affect health such as employment, crime, community safety, transport, planning or housing. Evidence of service outcomes collected where possible from local commissioners, providers or service users could also inform JSNAs. Boards will need to ensure that staff supporting JSNAs have easy access to the evidence they need to undertake any analysis they needed to support the board's decisions.
- 3.6 Health and wellbeing boards are also required to undertake Pharmaceutical Needs Assessments (PNAs) and distinct PNAs need to be produced to inform NHS England's decisions on commissioning pharmaceutical services for the area.
- 3.7 Croydon's approach to the JSNA has been to produce an annual key dataset across a wide range of indicators, with more focused, topic based, needs assessments carried out as part of a rolling programme. The PNA is produced separately from the JSNA in Croydon.

¹  Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. Department of Health. 23 March 2013.

4. JSNA TOPICS 2016

- 4.1 Following consultation with stakeholders the JSNA steering group proposed three topics for focused needs assessment in 2016. These were:
- Social isolation
 - Health literacy and patient activation
 - Adults with learning disabilities
- 4.2 When the topics were discussed by the HWB executive group on 27 October 2015, the director of public health recommended that a final decision on topics for 2016 be deferred pending further consultation.
- 4.3 The acting joint director of public health proposes that, due to reduced capacity within the public health team, initial focus is given to assessing needs relating to social isolation. This has been identified as a priority by the Local Strategic Partnership chief executives' group, a number of health and social care commissioners and also by the Opportunity and Fairness Commission. The second area to be taken forward would be health literacy and patient activation (with the needs of social care service users also taken into consideration). Given its urgency for commissioners, the needs assessment on learning disability is being taken forward outside the JSNA process.
- 4.3 The key dataset will be produced in alignment with the development of 2017/18 commissioning plans for the local NHS and council. Following feedback from the health and wellbeing board at its meeting on 21 October 2015, the 2016 key dataset will include more guidance on interpreting data relating to key challenges and emerging issues.

5. JSNA GOVERNANCE

- 5.1 The following changes to JSNA governance arrangements are proposed:
- 5.1.1 The JSNA steering group and governance group are merged and membership is changed as set out below.
- 5.1.2 Membership of the proposed JSNA governance group to be comprised of the three officers with statutory responsibility for the JSNA: director of public health, Croydon Council; chief officer of Croydon CCG, executive director of People, Croydon Council. Additional members would be the chair of the health and wellbeing board, a representative from HealthWatch and a representative from NHS England.
- 5.1.3 A broader JSNA reference group is established with representatives from the current JSNA steering group not included in the membership of the proposed new governance group. Membership would also be widened to include more stakeholders, including Croydon BME Forum. The reference group would be consulted virtually rather than meeting.
- 5.1.4 The new JSNA governance group would be accountable to the health and wellbeing board and would report to the board on a regular basis (timing to be agreed).

6. CONSULTATION

6.1 These proposals were considered and supported by the JSNA steering group on 18 November 2015, the JSNA Governance Group on 1 December 2015 and the CCG senior management team on 8 December 2015. A broader membership for the JSNA reference group would allow the needs of diverse groups to be better represented within the JSNA process.

7. SERVICE INTEGRATION

7.1 Health and wellbeing boards must encourage integrated working between health and social care commissioners, and provide appropriate support to encourage partnership arrangements for health and social care services.

8 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

8.1 n/a

9. LEGAL CONSIDERATIONS

9.1 n/a

10. HUMAN RESOURCES IMPACT

10.1 n/a

11. EQUALITIES IMPACT

11.1 The health and wellbeing board, as a committee of the council, has a statutory duty to comply with the provisions set out in the Equality Act 2010. The board must, in the exercise of all its functions, have due regard to the need to comply with the three arms or aims of the general equality duty.

CONTACT OFFICER: Steve Morton, head of health and wellbeing & acting joint director, Croydon Council
steve.morton@croydon.gov.uk, 020 8726 6000 ext. 61600

BACKGROUND DOCUMENTS

None