

Health & Wellbeing Board

Supplementary Agenda

Monday 17 June 2013

4.00 pm

Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Councillor Marcus Ginn (Chairman)
Councillor Helen Binmore
Andrew Christie, Tri-borough Director of Children's Services
Dr Tim Spicer, Chair of H&F CCG
Tri-borough Director of Adult Social Care
Tri-borough Director of Public Health
Local Healthwatch Representative

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http://www.lbhf.gov.uk/Directory/Council_and_Democracy

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Date Issued: 12 June 2013

Health & Wellbeing Board Supplementary Agenda

17 June 2013

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9.	JOINT STRATEGIC NEEDS ASSESSMENT	1 - 10
	This report sets out a proposal for the process and governance structure of the Tri-borough Joint Strategic Needs Assessment (JSNA) programme to maximise use of the JSNA by commissioners and planners.	

 the low tax borough	London Borough of Hammersmith & Fulham HEALTH & WELLBEING BOARD 17 June 2013
TITLE OF REPORT Joint Strategic Needs Assessment	
Report of the Interim Director of Public Health	
Open Report	
Classification - For Decision Key Decision: No	
Wards Affected: All	
Accountable Executive Director: Interim Director of Public Health	
Report Author: Colin Brodie, Public Health Knowledge Manager Tri-Borough Public Health	Contact Details: Tel: 020 7641 4632 E-mail: cbrodie@westminster.gov.uk

1. EXECUTIVE SUMMARY

1.1. This report sets out a proposal for the process and governance structure of the Tri-borough Joint Strategic Needs Assessment (JSNA) programme to maximise use of the JSNA by commissioners and planners. It sets out:

- Proposals for the management of a tri-borough JSNA model
- The governance arrangements for the model and how the Board will receive assurance
- The overview arrangements for JSNA priority setting to be overseen by a JSNA Steering Group

2. RECOMMENDATIONS

- 2.1. The Health and Wellbeing Board are asked to agree that the proposed Tri-borough JSNA Model should be managed by the Tri-borough Public Health Service and run in the way set out in paragraphs 5.1 - 5.4.
- 2.2. The Health and Wellbeing Board are asked to agree the governance arrangements as set out in paragraph 5.9.
- 2.3. The Health and Wellbeing Board are asked to agree to delegate the task of priority setting to the proposed JSNA Steering group. Sign-off of the JSNA programme will still sit with the Health and Wellbeing Board.

3. REASONS FOR DECISION

- 3.1. The Health and Social Care Act 2012 placed the duty to prepare a JSNA equally and explicitly on local authorities (LAs), Clinical Commissioning Groups (CCGs) with the duty to be discharged by the Health and Wellbeing Boards (HWB).
- 3.2. The 2013/2014 JSNA work programme needs to commence as soon as possible, following the transition of Public Health responsibilities to local authorities.

4. INTRODUCTION AND BACKGROUND

- 4.1. The Joint Strategic Needs Assessment (JSNA) is a process to identify current and future health and wellbeing needs of a local population.
- 4.2. The JSNA underpins the Joint Health and Wellbeing Strategy and guides the commissioning and provision of health, well-being and social care services.
- 4.3. Evidence from the JSNA should inform and underpin the development of CCG commissioning intentions.
- 4.4. The Tri-borough JSNA will need to be proactive and reactive to the needs of three Health and Wellbeing Boards and inform the Joint Health and Wellbeing Strategy of each Borough, whilst being achievable with the resources available.

5. PROPOSAL AND ISSUES

The Proposed Tri-borough JSNA model

Overview

- 5.1. The model and approach proposed is similar to that previously employed across the three Boroughs from 2011 to 2013. This consists of two main work streams:
- a rolling programme of focussed 'deep dive' needs assessments that look in detail at a particular health and wellbeing need
 - annual summary reports for each Health and Wellbeing Board
- 5.2. It is proposed that the process should be managed by the Tri-borough Public Health Service and coordinated by the JSNA Programme Manager. A time limited Task & Finish Group will be created to undertake each JSNA.
- 5.3. A JSNA Steering Group would be formed to monitor the work programme and provide quality assurance. The Steering Group would include representatives from key stakeholders and be a subgroup of each of the Health and Wellbeing Boards.
- 5.4. All JSNA products are, and will continue to be published on the website www.jsna.info
- 5.5. **Does the Health and Wellbeing Board agree that the proposed Tri-borough JSNA Model should be managed by the Tri-borough Public Health Service and run in the way set out in paragraphs 5.1 – 5.4?**

The JSNA Rolling Programme

- 5.6. The rolling programme of 'deep-dive' JSNA products may not all follow the traditional models for needs assessments and may include, for example, population profiles, cost effectiveness studies and service evaluations. The format will depend on the specific question.
- 5.7. Where appropriate, the JSNA will suggest recommendations to the Health and Wellbeing Board for consideration, based on the data and evidence. These may inform future action plans and provide outcomes to evaluate the successful application of the JSNA.

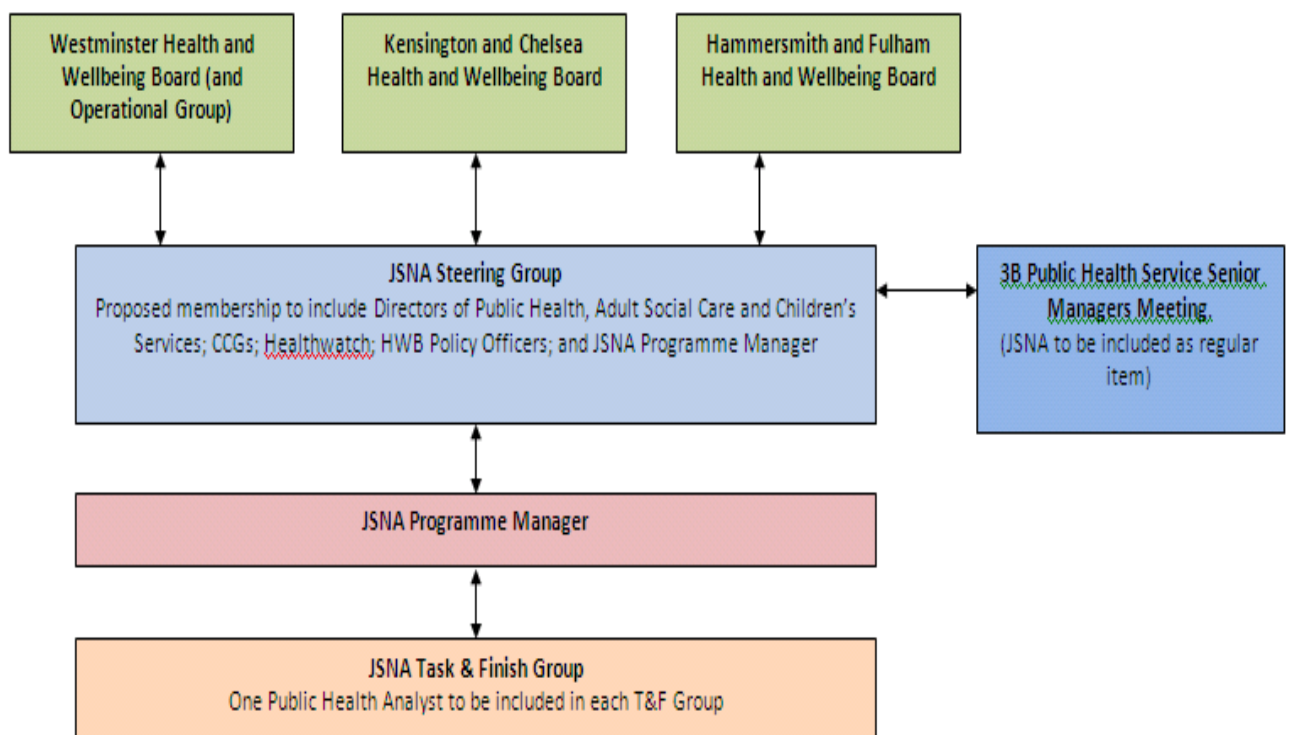
Summary reports to the Health and Wellbeing Boards

- 5.8. A highlight report will be produced for each HWB annually by September before the beginning of the commissioning cycle. These will contain:
- A summary of demographics and characteristics of the local population.

- Summary of the work undertaken in the previous year in the rolling programme, which is relevant to the Borough.
- Identify specific priority areas for joint work over the following year. Evidence will be drawn from needs assessments undertaken as part of the rolling programme and may well be different for each HWB.

JSNA Governance

Governance overview



5.9. It is proposed that

- the three **Health and Wellbeing Boards** will have responsibility for **final sign off** on the JSNA work programme and products. The full list of JSNA applications, including any that are rejected, will be submitted to the HWBs prior to final sign off.

- the **JSNA Steering Group** will **monitor** the programme and ensure **quality assurance**. The Steering Group will have delegated responsibility for **priority setting**.

- the **JSNA Programme Manager** will **coordinate the work programme** and **promote** greater understanding of the JSNA.

- **JSNA Task & Finish Groups** will undertake and complete the work on each JSNA product.

- 5.10. **Does the Health and Wellbeing Board agree with the governance process outline in the paragraph 5.9?**

JSNA Steering Group

- 5.11. The JSNA Steering Group will monitor the JSNA work programme and provide quality assurance. To ensure the JSNA is truly integrated into the Health and Wellbeing Boards and informs the Joint Health and Wellbeing Strategy, it is recommended that the Steering Group is a subgroup of the three Health and Wellbeing Boards.

- 5.12. It is recommended that the three HWBs delegate the task of priority setting to the Steering Group.

- 5.13. The Steering Group would meet every 2 months and be chaired by the Director of Public Health.

- 5.14. It is proposed that the membership of the steering group should include:

- Tri-Borough Director of Public Health
- Tri-Borough Director of Adult Social Care
- Tri-Borough Director of Childrens Services
- Clinical Commissioning Groups Managing Director (or nominated representative)
- Healthwatch (a representative for each Borough)
- Community & Voluntary Sector (a representative/s per each Borough depending on local HWB arrangements)
- JSNA Programme Manager
- Health and Wellbeing Board Policy Officers from each Borough
- Expertise from other LA Departments would be drafted in as required.

- 5.15. The JSNA would be a regular standing item on the meeting agenda of each Health and Wellbeing Board. The Steering Group will also provide progress reports on 'deep dive' JSNAs to the appropriate Cabinet Members.

- 5.16. **Does the Health and Wellbeing Board agree to delegate the task of priority setting to the proposed JSNA Steering Group? Sign-off of the JSNA programme will still sit with the Health and Wellbeing Board.**

Priority Setting

- 5.17. As described above one of the key responsibilities of the JSNA Steering Group will be to establish the priorities for the JSNA work programme.

Priorities may be identified from:

- the Joint Health and Wellbeing Strategies
- existing summary JSNA reports
- local and national policy drivers
- commissioning intentions and re-procurement plans
- specific requests for a JSNA

- 5.18. One meeting each year of the JSNA Steering Group will be dedicated to setting the priorities for the work programme for the year ahead, and ensuring alignment with the Health and Wellbeing Strategies. This meeting will be timed to fit in with the commissioning cycle.
- 5.19. The JSNA Programme Manager will contact commissioning teams each year to identify any potential 'deep-dive' JSNA products that may be required.
- 5.20. In addition, throughout the year requests for a JSNA to be undertaken as part of the rolling programme can be made to the JSNA Programme Manager. Requests can be made by stakeholders and partners including HWBs, Scrutiny Committees, Clinical Commissioning Groups, local authority or NHS commissioners, Healthwatch, and Public Health.
- 5.21. All proposed 'deep dive' JSNA products must be assessed with the priority scoring tool before being accepted on to the JSNA rolling programme. This tool is attached as a background paper to this report (Appendix 1).

6. OPTIONS AND ANALYSIS OF OPTIONS

- 6.1. Not applicable.

7. CONSULTATION

- 7.1. All three Health and Wellbeing Boards will be consulted on this proposal concerning the governance and process of the Tri-Borough JSNA.
- 7.2. The proposal was presented to the Westminster Health and Wellbeing Board on 23 May 2013. It was agreed by the Cabinet Member for Adults and Public Health on 03 June 2013. Final agreement from the HWB is expected on 21 June 2013.
- 7.3. The proposal will be presented to the next meeting of the Kensington and Chelsea Health and Wellbeing Board.

8. EQUALITY IMPLICATIONS

- 8.1. JSNAs must consider the health, wellbeing and social care needs for the local area addressing the whole local population from pre-conception to

end of life.

- 8.2. The “local area” is that of the borough, and the population living in or accessing services within the area, and those people residing out of the area for whom CCGs and the local authority are responsible for commissioning services.
- 8.3. The “whole local population” includes people in the most vulnerable circumstances or at risk of social exclusion (for example carers, disabled people, offenders, homeless people, people with mental health needs, Travellers etc.).
- 8.4. The JSNA should include consideration of needs relating to:
 - Mental health and wellbeing;
 - Health protection and prevention of poor health;
 - Social care and support needs, including universal information and advice;
 - Information needs and support to understand information;
 - Wider social, environmental and economic factors that impact on health and wellbeing including housing and working conditions; community safety; transport; local economy; air quality; waste and licensing etc;
 - How needs can interact or overlap (how poor health or wider determinants of health can combine to compound disadvantage).

9. LEGAL IMPLICATIONS

- 9.1. The Joint Strategic Needs Assessment (JSNA) was introduced in the Local Government and Public Involvement in Health Act 2007.
- 9.2. The Local Government and Public Involvement in Health Act 2007 placed the duty for the production of the Joint Strategic Needs Assessment on the Director of Public Health, the Director of Adult Social Services and the Director of Children’s Social Services.
- 9.3. However, the Health and Social Care Act 2012 placed the duty to prepare a JSNA equally and explicitly on local authorities (LAs), Clinical Commissioning Groups (CCGs) with the duty to be discharged by the Health and Wellbeing Boards (HWB)

10. FINANCIAL AND RESOURCES IMPLICATIONS

- 10.1. None

11. RISK MANAGEMENT

- 11.1. The post of JSNA Programme Manager is currently vacant. Recruitment will commence as soon as agreement is received from all three Health and Wellbeing Boards

12. PROCUREMENT AND IT STRATEGY IMPLICATIONS

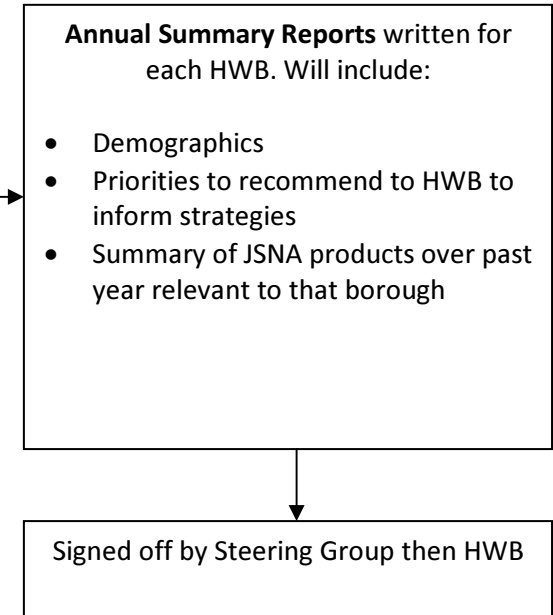
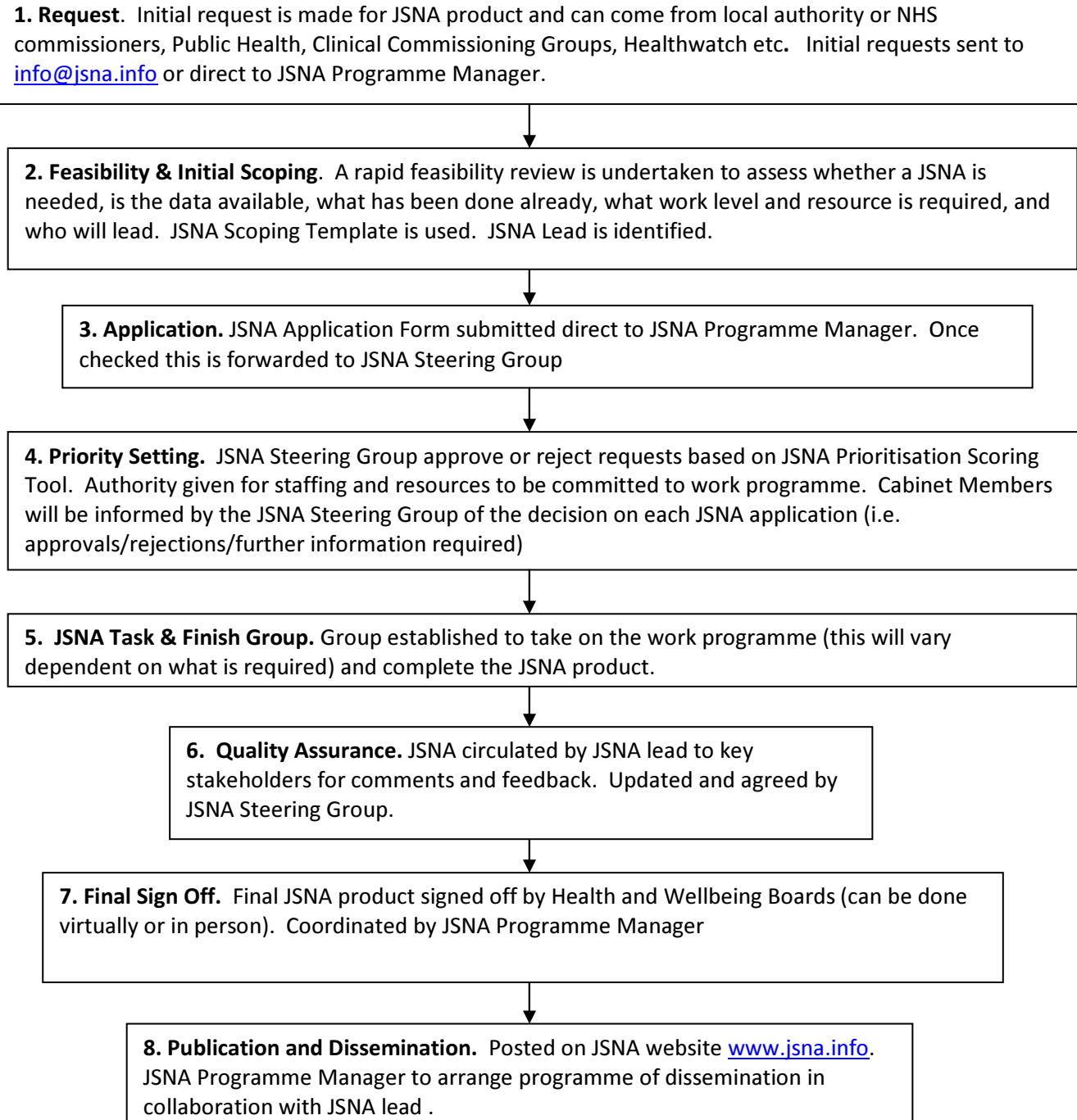
- 12.1. None

LOCAL GOVERNMENT ACT 2000 LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	JSNA Process Map and Prioritisation Scoring Tool	Colin Brodie Public Health Knowledge Manager 02076414632	Triborough Public Health Service

LIST OF APPENDICES:

Appendix 1: JSNA Process Map



Production of Summary and priority setting

JSNA Prioritisation Scoring Tool

Filter question

Question	Yes/No
1. There has not been a deep dive JSNA or another type of review conducted on this subject in the last 3years	
2. Is the research question clearly stated?	
3. Can the research question be met by a JSNA?	

If the answer to all three questions is yes then proceed to the scoring below

Timescales

- How long will this take to undertake? (Short piece of work or longer time frame?)
- How urgent is this?

Score each statement with the following:-

Score	Assessment
0	No evidence that this criterion will be met/is not relevant
0.5	Evidence that this criterion is/will partially be met
1	Evidence that this criterion is/will be significantly met
2	Evidence that this criterion is/will be fully met

Criteria	Score
Local priority <ul style="list-style-type: none"> • The topic or question supports the priorities as outlined in the Joint Health and Wellbeing Strategies in the relevant Boroughs 	
Risk to the future <ul style="list-style-type: none"> • The topic area is a potential health risk in the immediate future 	
Gaps in information <ul style="list-style-type: none"> • The JSNA will identify unmet need OR there is a gap in local intelligence OR there have been significant changes to the subject area, locally or nationally 	
Cost effectiveness and value for money <ul style="list-style-type: none"> • Undertaking the JSNA will identify potential savings and efficiencies in services 	
Partner/stakeholder engagement <ul style="list-style-type: none"> • The JSNA will include stakeholder, community or service user views 	
Potential to affect change <ul style="list-style-type: none"> • A JSNA on this issue will influence strategic commissioning 	
<ul style="list-style-type: none"> • A JSNA on this issue will empower voluntary and community groups to improve the services they provide 	
<ul style="list-style-type: none"> • A JSNA on this issue will empower Health and Wellbeing board members to identify priorities 	
Asset mapping <ul style="list-style-type: none"> • The JSNA will identify local assets 	
Total	
More than 14 points = high priority Between 10-14 points = medium priority Less than 10 points = low priority	