

	<b>London Borough of Hammersmith &amp; Fulham</b>  <b>HEALTH AND WELLBEING BOARD</b>  <b>30 June 2014</b>
<b>Joint Strategic Needs Assessment (JSNA) programme</b>	
<b>Report of the Director of Public Health</b>	
<b>Open Report</b>	
<b>Classification:</b> For Decision  <b>Key Decision:</b> No	
<b>Wards Affected:</b> All	
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## 1. EXECUTIVE SUMMARY

- 1.1. Local authorities and CCGs have a joint responsibility, exercised through the Health and Wellbeing Board, to produce Joint Strategic Needs Assessments (JSNAs). JSNAs look at the current and future health, care and wellbeing needs of local populations. JSNAs are a key tool used to inform and guide the development of local strategy and the planning and commissioning of health, well-being and social care services within a local authority area.
- 1.2. The JSNA programme is agreed by the Health and Wellbeing Board annually. The JSNA programme always includes a borough-specific JSNA highlight report which gives a snapshot of local need. However, the central part of the JSNA programme is 'deep-dive' JSNAs that look at specific aspects of the population's health. This paper asks for agreement from the

Health and Wellbeing Board on which topics should be prioritised for deep-divide JSNAs in the 2014-15 JSNA programme.

## **2. RECOMMENDATIONS**

- 2.1. It is recommended that the London Borough of Hammersmith and Fulham Health and Wellbeing Board approve the JSNA Steering Group's recommendation to conduct JSNA 'deep-dives' into:
- (i) childhood obesity,
  - (ii) older people's housing needs; and
  - (iii) dementia.

## **3. REASONS FOR DECISION**

- 3.1. Partners from across Children's Services, Adult Social Care, the Hammersmith & Fulham Clinical Commissioning Group, Housing, Public Health and other local authority departments were asked to put forward suggestions for potential areas which could benefit from inclusion in the 2014-15 Joint Strategic Needs Assessment programme. A long-list of the topics put forward by partners is attached in appendix A
- 3.2. The JSNA Steering Group considered this long-list of topics and asked for three to be developed into formal applications: childhood obesity, older people and housing, and dementia. On the basis of these applications, these three areas are now being recommended to the Health and Wellbeing Board as priority areas for JSNA deep-dives in the 2014-15 JSNA work programme.
- 3.3. This recommendation reflects the fact that the childhood obesity, dementia and older people's housing needs are areas which affect large populations. They also link directly to areas identified as commissioning priorities for the council and the clinical commissioning groups over this year and the next. The Health and Wellbeing Board are asked to note that these JSNA deep-dives would be undertaken across the tri-borough geography, but will provide an understanding of the need within the individual boroughs.
- 3.4. Other topics may be included in 2014-15 JSNA work programme later in the year, or addressed in other ways

## **4. INTRODUCTION AND BACKGROUND**

- 4.1. JSNAs are developed jointly by local health and social care partners. Joint Strategic Needs Assessments provide a detailed picture of the health needs of the local population, usually focusing on a specific topic. They are developed jointly by local health and care partners and identify actions that local agencies will need to take to improve the well-being of individuals and communities. Local authorities and Clinical Commissioning Groups (CCGs), through the Health and Wellbeing Board, are responsible for the production of JSNAs. Many other partners are also involved in the process, including service providers, voluntary organisations and bodies representing patients and service users.

- 4.2. The London Borough of Hammersmith and Fulham Health and Wellbeing Board has delegated the day-to-day management of the Joint Strategic Needs Assessment programme to a sub-group of the Health and Wellbeing Board. This sub-group, “the JSNA Steering Group”, is shared with neighbouring Health and Wellbeing Boards in the Royal Borough of Kensington and Chelsea and Westminster. This arrangement reflects the fact that health and care organisations commonly work across this geographical boundary and often jointly plan and commission services together.
- 4.3. The JSNA Steering Group manages the process of receiving and reviewing applications for Joint Strategic Needs Assessments and the day-to-day production of assessments and other products. However, the individual Health and Wellbeing Boards retain overall responsibility for agreeing the JSNA programme, including making decisions about the content of the work programme and signing off the final products.
- 4.4. Deep-dive JSNAs address commissioning priorities; focus on specific populations, risk factors, diseases or interventions; address knowledge gaps and provide tangible recommendations for commissioners. Recent deep-dive JSNAs have looked at learning disabilities, physical activity, tuberculosis and child poverty.
- 4.5. In addition to deep-dive JSNAs, highlight JSNA reports for each borough are produced, which summarise the population’s general health needs.
- 4.6. The output of a JSNA project is a public report. All local JSNAs are available at [www.jsna.info](http://www.jsna.info), which is a dedicated to JSNAs for the Triborough.

## **5. FINANCIAL AND RESOURCES IMPLICATIONS**

- 5.1. There is no direct financial implication of the deep-dive JSNA programme.
- 5.2. Resources available to undertake deep-dive JSNA’s usually exceeds the number of topics which are suggested by partners. The JSNA Steering Group manages this by making recommendations to the Health and Wellbeing Board, like those included in this paper, on which topics should be considered as a priority by the Health and Wellbeing Board.

## APPENDIX A

### Topics raised as possible JSNA deep-dives

1. Childhood obesity
2. Dementia
3. Victims of crime
4. 'Harmful practices'
5. Anti-social behaviour and mental health
6. Offender health
7. Older people and housing
8. Disability
9. LGBT health
10. Shisha smoking
11. Workplace health
12. Betting shops
13. Church Street
14. Child sexual exploitation
15. Female genital mutilation
16. Intermediate care and rehab
17. Therapy services for children
18. Climate change adaptation
19. Village-based JSNAs