



## London Borough of Hammersmith & Fulham

HEALTH AND WELLBEING BOARD

22 June 2015

### JSNA WORK PROGRAMME AND PRIORITIES 2015/16

#### Report of the Acting Director of Public Health

#### Open Report

#### Classification - For Information

(delete as appropriate)

**Key Decision: No**

**Wards Affected:** All

**Accountable Executive Director:** Liz Bruce, Executive Director of Adult Social Care

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## **1. EXECUTIVE SUMMARY**

- 1.1. This paper provides a short update on the current stage of delivery of the Joint Strategic Needs Assessment (JSNA) products agreed by the Health and Wellbeing Board for the 2014/15 work programme. It also reports on two subsequent proposals received from partners for the 2015/2016 work programme.

## **2. RECOMMENDATIONS**

- 2.1. The Health and Wellbeing Board are invited to consider progress on the 4 deep dive JSNAs in the current work programme (Dementia JSNA, Childhood Obesity JSNA, End of Life Care JSNA and Housing JSNA).
- 2.2. The Health and Wellbeing Board are invited to consider how they may wish to get involved in the development of specific JSNAs in the current work programme
- 2.3. The Health and Wellbeing Board are asked to consider how they may wish to inform the scope and development of the Evidence Hub.

## **3. REASONS FOR DECISION**

- 3.1. The Health and Wellbeing Board are invited to comment on progress with the JSNA work programme.

## **4. INTRODUCTION AND BACKGROUND**

- 4.1. There are currently 4 JSNA projects underway which are at different stages of delivery. These were approved by the Health and Wellbeing Board in 2014 for the JSNA work programme.
- 4.2. Two new proposals for JSNA products are also currently being considered for the 2015/16 work programme. These proposals are at different stages of development and are currently being scoped in further detail.

## **5. CURRENT JSNA WORK PROGRAMME**

### ***Dementia JSNA***

- 5.1. The purpose of this JSNA is to provide a comprehensive evidence base and information about the local population to inform the development of commissioning intentions and support the strategic approach taken across

North West London, that takes account of national and local policy, strategy, and guidance.

- 5.2. Information has been collected from a variety of sources including audit, relevant policy and research as well as local data provided by stakeholders, providers and service users. This evidence has been analysed to identify gaps and solutions and forms the basis of the recommendations.
- 5.3. In the care of people with dementia and their carers there is an emphasis on sustainability through better community care, living as well as possible with dementia, keeping people out of hospital and reducing length of hospital stays. In the course of writing the JSNA, several priority themes have been highlighted. These are:
- The numbers of people with dementia are increasing and we need **adequate resource** to deal with this challenge and we need to provide services **efficiently** and **sustainably**
  - **Dementia diagnosis rates** have been **rising** in each of the three boroughs. This has to be followed by an equal input into **post-diagnostic care** to ensure people are not left on a 'cliff edge' once diagnosed
  - Most of the cost of supporting those with dementia falls on **unpaid carers** and **adult social care**. We need to **support, advise and empower carers** to fulfil this enhanced role without a detriment to their own quality of life
  - Whilst it is important to maintain independence for longer, there needs to be **appropriate escalation of care** when needed. There may be a need for **increased training** for paid and unpaid carers and residential care staff to recognise when this escalation is required.
  - Dementia services are provided by a **range of agencies** - acute and primary care, mental health services, social care and third sector. Better **cohesion and collaboration** is needed via well-coordinated information, advice & signposting, advocacy and outreach services
  - People with dementia do not always receive fair access to services which support their **mental and physical** health needs. People with dementia need to receive **parity of access** across mental and physical health
- 5.4. A draft report is now complete and was circulated to a range of stakeholders for consultation, including Local Authority colleagues, CCGs, Community and Voluntary Sector, and Healthwatch. Response to the consultation was good and a large number of comments received. The

Task and Finish Group are currently working through this feedback to update the document as appropriate, and will brief senior colleagues within the Local Authority and Clinical Commissioning Groups on the development of the final report.

- 5.5. The final JSNA report will be disseminated to the Health and Wellbeing Board for consideration and final sign-off.

### ***Childhood Obesity JSNA***

- 5.6. This JSNA will look at the prevalence of childhood obesity in Westminster, Hammersmith and Fulham, and Kensington and Chelsea. The report will examine the factors which are known to influence levels of obesity in our population, analysing the available data for the local area.
- 5.7. Some of the wider implications of obesity for local services and society more generally will be described, relating these to the available data.
- 5.8. This analysis of data and other sources of information is underway, and the first draft will be sent to stakeholders in June 2015 for comment and feedback. A final draft is expected to be ready for consideration by the Health and Wellbeing Board in September 2015
- 5.9. The Childhood Obesity JSNA will inform and support the next phase of the Childhood Obesity Programme.

### ***End of Life Care JSNA***

- 5.10. This JSNA will assist in identifying the future capacity requirements to meet the increasing End of Life Care needs of residents in Hammersmith and Fulham, Westminster and Kensington and Chelsea.
- 5.11. This work draws together information from key partners to provide a local evidence base for future integrated commissioning. It is an opportunity to understand the whole landscape for people approaching end of life, and their carers' and to highlight areas of improvement to be addressed in joint strategic planning.
- 5.12. Data analysis and evidence review is currently underway by Public Health. In June 2015 a first draft will be disseminated to wider stakeholders to assist with gaps in data and for comment. A final draft will be completed end of September.

### ***Housing JSNA***

- 5.13. The Housing JSNA is being developed along with stakeholders to support their key business needs, and in particular in relation to the new duties for local authorities around health and wellbeing contained within the Care Act. The JSNA will support the duties of the Care Act to prevent, delay or

reduce an individual's need for care and to support and cooperate across departments and with relevant partners.

- 5.14. The JSNA will describe the disability and health related housing needs of our local population. It will investigate and map the supply of existing housing stock (e.g. extra care housing, sheltered and supported housing, warden supported housing, temporary accommodation etc.) and any projected changes in future supply. It will explore the links between housing and health and social care needs and provide a picture of local need with a focus on vulnerable groups (e.g. people with learning disabilities, physical disabilities, long term conditions or mental illness).
- 5.15. The JSNA project team are working closely with colleagues in Adult Social Care and the three Housing departments across the three boroughs to ensure it meets their specific information needs, with the final JSNA product tailored to reflect these needs.

## **6. Proposals for 2015/2016 JSNA Work Programme**

Two new proposals for 2015/16 have been submitted

### ***Evidence Hub***

- 6.1. An initial proposal to develop a JSNA data observatory, or Evidence Hub, was agreed in principle by the JSNA Steering Group in January 2015. The aim of this observatory will be to present information drawn from a range of national and local data and evidence sources, and provide a toolkit for users to interrogate in a more interactive and flexible way e.g. prevalence data for particular conditions, links to evidence briefings, maps to identify the location of services. This will be an online tool which will enable users to find specific data.
- 6.2. The scope of the Evidence Hub content is currently being developed. Consultation has taken place within Public Health. Consultation with other stakeholders (including the NHS, Adult Social Care, Children's Services, Housing, Planning, Community Safety) has begun and will take place until the early July.
- 6.3. The scope of the Evidence Hub will be developed by mid-July based on the consultation and taken back to the JSNA Steering Group for agreement. The Health and Wellbeing Board will then be presented with a proposal on how the Evidence Hub will work in practice for their agreement.
- 6.4. A primary function of the Evidence Hub will be to inform a refresh of the JSNA highlights reports.

### ***Excess Winter Deaths and Fuel Poverty***

- 6.5. A draft proposal for a JSNA on this topic has been submitted and will be scoped in more detail. This provides a potential response to recent recommendations contained in the NICE guidance on Excess Winter Deaths.

## **7. CONSULTATION**

- 7.1. A consultation with key stakeholders was undertaken for the Dementia JSNA (as described above).

## **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 etc.)

## **9. LEGAL IMPLICATIONS**

- 9.1. The JSNA was introduced in the Local Government and Public Involvement in Health Act 2007
- 9.2. 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) and the Health and Wellbeing Boards (HWB)
- 9.3. Implications verified/completed by: (Name, title and telephone of Legal Officer)

## **10. FINANCIAL AND RESOURCES IMPLICATIONS**

- 10.1. The current JSNA projects are scoped and progressed within existing resources and capacity. The individual JSNAs largely draw on existing staff capacity from across the key departments and stakeholders involved, and from the JSNA team within the Public Health department.

10.2. The two new projects set out above could be progressed within existing resources. Although, the Health and Wellbeing Board may wish to consider these projects more fully at a future meeting alongside other potential draws on the Joint Strategic Needs Assessment resource.

10.3. Implications verified/completed by: (Name, title and telephone of Finance Officer).

## **11. IMPLICATIONS FOR BUSINESS**

11.1 None identified in this update.

## **12. RISK MANAGEMENT**

12.1 None identified in this update

21.1 Implications verified/completed by: (Name, title and telephone of Risk Officer).

## **13. PROCUREMENT AND IT STRATEGY IMPLICATIONS**

13.1 None identified in this update

13.2 Implications verified/completed by: (name, title and telephone of Procurement Officer).

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

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.			