


London Borough of Hammersmith & Fulham Health and Wellbeing Board 08 February 2017		 hammersmith & fulham
JSNA Programme Update: Young Adults JSNA, Online JSNA Highlight Reports and JSNA Forward Plan		
Report of the Director of Public Health Open Report		
Classification - For Decision and Information Key Decision: No		
Wards Affected: All		
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1. EXECUTIVE SUMMARY

- 1.1. This report provides an update on the current JSNA work programme and outlines proposals for future projects. The paper presents two JSNA products for consideration and approval by the Health and Wellbeing Board:
- The Young Adults (18-25) JSNA report and recommendations
 - The JSNA Highlights Report online version.
- 1.2. This paper also asks for the Board's endorsement of the JSNA programme's forward plan:
- Deep Dive JSNA on Children with Complex Needs
 - The Pharmaceutical Needs Assessment (PNA) refresh, which will be expanded on in a separate paper.

2. RECOMMENDATIONS

- 2.1. The Health and Wellbeing Board is requested to consider and approve the Young Adults JSNA for publication.
- 2.2. The Health and Wellbeing Board are invited to comment on the content and user experience of the [JSNA Highlight Report](#) (Online JSNA), and

share within their respective organisations after the Board meeting.

- 2.3. The Health and Wellbeing Board are requested to approve that data in the JSNA Highlights Report (Online JSNA) is updated by the Public Health Intelligence team on a rolling basis as and when it becomes available, and provide an annual summary of changes made to the Health and Wellbeing Board.
- 2.4. The Health and Wellbeing Board is requested to consider and approve proposals for the future JSNA work programme for 2017/2018, incorporating the Children with Complex Needs JSNA and the refresh of the Pharmaceutical Needs Assessment for 2018, which will be explained in detail in a separate paper.

3. INTRODUCTION AND BACKGROUND

- 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) and the Health and Wellbeing Boards (HWB). Local governance arrangements require final approval from the Health and Wellbeing Board for the JSNA work programme and deep dive JSNAs prior to publication.
- 3.2. This report provides an update of the current JSNA work programme for 2016/17 and a look forward to the 2017/2018 work programme. Two JSNA products are presented for approval prior to publication:
 - Young Adults (18-25) JSNA
 - JSNA Highlights Report

4. CURRENT JSNA WORK PROGRAMME (2016/17)

Young Adults JSNA

- 4.1. This deep dive JSNA has looked at the health and wellbeing needs of young adults. The focus is on the needs of 18-25 year olds, but where appropriate has also looked at 16-17 year olds preparing for transition from children's services to adults services.
- 4.2. The key objectives of this JSNA are:
 - To capture the unique health and wellbeing needs and issues affecting young adults age 18-25s.
 - Identify the provision and gaps in provision of services for young people.
 - To identify how to improve early interventions in issues which could affect people's long term outcomes.

- 4.3. While health and social care service provision has often focussed on children, older people and the very unwell, there is an emerging consensus that the needs of young adults are not always fully understood or being met.
- 4.4. Young adults (age 18-25) make up 12.5% of the population in Hammersmith and Fulham and 9.3% of Hammersmith and Fulham CCG's patients. Historically, very little evidence has been gathered about their needs and so a JSNA has been conducted on the health and wellbeing needs of 18-25 year olds locally.
- 4.5. The JSNA looks at how young adults use health and care services, and looks in detail at care leavers, eating disorders, substance misuse and sexual health which were identified as being key areas to establish an evidence base to improve commissioning.
- 4.6. Some of the key findings and themes of the JSNA are summarised below:
- Across a range of services the **age of 18 is an arbitrary cut-off point** for transition into adults services, and does not take into account the variation in needs of 18 year olds and young adults.
 - The **model of care** in a traditional GP practice is not well suited to this cohort.
 - Professionals who do not work solely with young adults may benefit from **training and awareness** on issues that particularly affect young adults.
 - The young adult population is **transient** and has a **higher migration rate** in and out of the boroughs than the rest of the population.
 - Effective **joined up working and communication** across services and sectors, is key to person-centred care. **Co-location of services** may benefit this age-group.
- 4.7. A full set of the recommendations from the Young Adults JSNA is included in Appendix 1 and Chapter 10 of the full report. The key recommendations are summarised below:

Theme	Gap or challenge	Recommendation	Lead
Primary care	The current model of primary care is not well suited to young adults, who are overall less satisfied with their GP than older adults and more likely to use walk-in centres and urgent care than other age groups. Young adults would benefit from GP services configured to their health needs, such	Pilot an integrated primary care model at one or more GP practice in each CCG with a high number of young adult patients. Consider services which could have a presence, such as sexual health services, eating disorder services and talking therapies. Offer training	Toby Hyde, Head of Strategy, Hammersmith and Fulham CCG

	as at The Well Centre in Lambeth.	for GPs in young adults' health.	
Eating disorders	A small fraction of the estimated numbers of young adults with eating disorders are receiving a service. Evidence shows better outcomes when ED is treated promptly, but waiting times locally are long. National and local strategies require the development of out of hospital services. There is currently only a service in secondary care. The exemplar primary care eating disorder service in Bristol provides cost-effective help before the patient's condition deteriorates.	Review the eating disorder pathway as part of Like Minded Serious and Long Term Mental Health Need population group Business Cases. Consider ways to provide an early intervention eating disorder service in primary care offering NICE recommended rapid triage and assessment by a skilled practitioner in partnership with GPs for those with emerging but not life-threatening Eating Disorders.	Julie Scrivens, Head of Planned Care and Mental Health
Care leavers	The greatest area of unmet health and wellbeing needs of care leavers is mental health needs which would not meet the threshold for Adult Mental Health Services.	Extend existing CAMHS or LAC CAMHS services to a tapered service for 16-25 year-old care leavers to give continuity to those with a relationship with the service, and extend the offer to include care leavers age 18-25 not already open to LAC CAMHS who are not eligible or suitable for Adult Mental Health services.	Steve Buckerfield, Head of Children's Joint Commissioning
Substance misuse	The majority of young adults in treatment for substance misuse are addressing cannabis and alcohol issues, however adult services cater predominately to crack and opiate users.	Allow flexibility in substance misuse services to provide for young adults up to the age of 25, based on a professional assessment of their need.	Gaynor Driscoll, Head of Commissioning of Substance Misuse and Sexual Health, Public Health
General	Young adults are particularly difficult to involve in participation and engagement exercises in the typical ways that	Coproduce the redesign of services with young people.	All commissioners and service providers

	services engage patients and users.		
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JSNA Highlight Reports ([Online JSNA](#))

- 4.8. The JSNA borough Highlight Report for Hammersmith and Fulham has been refreshed with the latest available data and is available [through this link](#). The highlight report is in a more interactive online format than previous versions, and provides the supporting evidence to the Joint Health and Wellbeing Strategy as well as an overview of the health and wellbeing needs of local residents.
- 4.9. The Online JSNA uses national and local evidence sources in a format that links directly to the most recently available data and a variety of other publically available tools.
- 4.10. The key objectives of this project are:
- To describe the health and wellbeing needs of the local population for the council, NHS and community and voluntary sector in order to identify priorities and service planning.
 - To enable staff and partners to easily find the rich and extensive data on the population of the Hammersmith and Fulham that is publically available but difficult to locate.
 - To enable analysts to respond quickly to common questions or requests with the most up to date data without unnecessary duplication of work.
 - To increase engagement with the JSNA through a more user-friendly format.
- 4.11. Previous JSNA Highlight Reports (most recently published March 2014) have been a static document that the Health and Wellbeing Board has signed off, which does not change until a full refresh is completed. The Online JSNA will give a date for all statements and figures, and can be easily updated when new key data becomes available in order to be more responsive to the needs of its users. This will require a change to the governance process for the Highlight Report.
- 4.12. **It is recommended that the Health and Wellbeing Board agree that data in the Highlight Report can be updated by the Public Health Intelligence team on a rolling basis as and when it becomes available, and provide the Board an annual summary of changes.**
- 4.13. The content for this online version of the Highlights Report is now in consultation. Health and Wellbeing Board members are invited to comment on the content and user experience at the Health and Wellbeing Board meeting and through the feedback survey in the Online JSNA, and share it within their respective organisations after the Board meeting.

4.14. Future JSNA Work Programme (2017/2018)

4.15. The review of the JSNA process and products undertaken early 2016 identified that the process for selecting topics for deep dive JSNAs should be changed. As reported in the paper to the Health and Wellbeing Board in May 2016 the following recommendations were made:

- The JSNA Review recommends the deep dive programme directly aligns to the new Joint Health and Wellbeing Strategies.
- The JSNA Review recommends that the exact shape of the deep dive programme should be determined with team managers from the main commissioning functions to have the maximum impact: Adult Social Care, Children's Services, The Joint Commissioning Team and the CCGs, in consultation with the Community and Voluntary Sector, and signed off at the Health and Wellbeing Boards.

4.16. These changes have been implemented and to date, the following topic for a deep dive JSNA has been identified:

Children and Young People with Complex Needs JSNA

4.17. The Children's Services Director of Commissioning and the Head of Children's Joint Commissioning have identified that the deep dive topic that would best support the Joint Health and Wellbeing Strategy priority 'Supporting children, young people and families to have the best possible start in life' is on **children and young people age 0-25 with complex health and care needs** as we do not currently have a jointly agreed robust dataset to underpin planning.

4.18. Under the Children and Families Act 2014, local authorities and CCGs are obliged to gain an understanding of this population in order to inform a joint commissioning strategy. A joint Ofsted and CQC inspection could take place imminently, and Ofsted will need to see evidence of the local need and how the local authority and NHS are planning to meet it.

Pharmaceutical Needs Assessment (PNA) – 2018 refresh

4.19. In addition, each HWB is required to publish a PNA by virtue of section 128A of the National Health Service Act 2006 (pharmaceutical needs assessments).

4.20. The current PNA was published in March 2015. The National Health Service (Pharmaceutical Services) Regulations 2012 require that the Health and Wellbeing Board publish a revised PNA within 3 years – in this instance, by the end of March 2018. **The Hammersmith and Fulham PNA will be delivered as part of the JSNA work programme.** Further detail will be provided in a separate PNA paper.

5. CONSULTATION

- 5.1. A wide range of stakeholders were consulted in the development of the Young Adults JSNA. This included professionals from the three boroughs who work with care leavers; professionals who work with people who misuse substances; and eating disorder professionals; Hammersmith and Fulham CCG's Governing Body seminar; the JSNA Steering Group; Hammersmith and Fulham Youth Council; and a group of care leavers. In addition, a draft of the JSNA was circulated to a wide range of stakeholders for consultation in November 2016.

6. EQUALITY IMPLICATIONS

- 6.1. 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. 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.)
- 6.2. The Online JSNA Highlight Reports considers the whole population including vulnerable groups.
- 6.3. The Young Adults JSNA focusses on the needs of young adults who are an often overlooked population group and include very vulnerable people such as care leavers and people with eating disorders. The recommendations of this JSNA can be expected to make a positive contribution to reducing health inequalities and delivering Hammersmith and Fulham's equalities objectives.

7. LEGAL IMPLICATIONS

- 7.1. The JSNA was introduced by the Local Government and Public Involvement in Health Act 2007. Sections 192 and 196 Health and Social Care Act 2012 place the duty to prepare a JSNA equally on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB).
- 7.2. Section 2 Care Act 2014 imposes a duty on LAs to provide or arrange for the provision of services that contribute towards preventing, delaying or reducing care needs.
- 7.3. Section 3 Care Act 2014 imposed a duty on LAs to exercise its Care Act functions with a view to ensuring the integration of care and support provision with health provision to promote well-being, contribute to the prevention or delay of care needs and improve the quality of care and support.

- 7.4. JSNAs are a key means whereby LAs work with CCGs to identify and plan to meet the care and support needs of the local population, contributing to fulfilment of LA s2 and s3 Care Act duties.
- 7.5. Implications verified/completed by: Kevin Beale, Principal Social Care Lawyer, 020 8753 2740.

8. FINANCIAL AND RESOURCES IMPLICATIONS

- 8.1. There are no financial implications arising directly from this report. Any future financial implications that may be identified as a result of the review and re-commissioning projects will be presented to the appropriate board and governance channels in a separate report.
- 8.2. Implications verified/completed by: Richard Simpson, Finance Manager – Public Health, telephone 020 7641 4073.

9. RISK MANAGEMENT

- 9.1. Preparation of a Joint Strategic Needs Assessment is a statutory duty, risk number 8 on the Shared Services Risk Register. The assessment identifies 'the big picture' in terms of health and wellbeing needs and inequalities of the local population and informs future service planning, taking into account evidence of effectiveness.
- 9.2. The JSNA assesses the health, wellbeing and social care needs of the local community. It is an ongoing process that involves identifying present and future needs of the local population across a number of priority areas including health, education and housing. In doing so the process contributes directly to the management of Customer and Citizen risk, meeting local needs and expectations, risk number 9.
- 9.3. Implications verified/completed by: Michael Sloniowski, Shared Services Risk Manager, telephone 020 8753 2586

10. PROCUREMENT AND IT STRATEGY IMPLICATIONS

- 10.1. Any future contractual arrangements and procurement proposals identified as a result of the JSNA and re-commissioning projects will be cleared by the relevant Procurement Officer.

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.	Young Adults JSNA	Jessica Nyman	Public Health

LIST OF APPENDICES:

Appendix 1: Young Adults JSNA Recommendation

Appendix 2: Draft Young Adults JSNA