

HEALTH AND WELLBEING BOARD			
<b>Report Title</b>	Joint Strategic Needs Assessment Update		
<b>Contributors</b>	Director of Public Health, London Borough of Lewisham	Item No.	4
<b>Class</b>	Part 1	Date: 01.03.18	
<b>Strategic Context</b>			

## 1. Purpose

- 1.1 To update the board on progress made since the new Joint Strategic Needs Assessment (JSNA) process was agreed in [July 2017](#).

## 2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Note progress and comment on completed JSNAs.

## 3. Policy Context

- 3.1 The production of a JSNA became a statutory duty on PCTs and upper tier local authorities in 2007. The Health and Social Care Act 2012 placed a new statutory obligation on Clinical Commissioning Groups, the Local Authority and NHS England to jointly produce and to commission with regard to the JSNA. The Act placed an additional duty on the Local Authority and CCGs to develop a joint Health and Wellbeing Strategy for meeting the needs identified in the local JSNA.

- 3.2 The objective of a JSNA is to provide access to a profile of Lewisham's population, including demographic, social and environmental information. It also provides access to in-depth needs assessments which address specific gaps in knowledge or identify issues associated with particular populations/services. These in-depth assessments vary in scope from a focus on a condition, geographical area, or a segment of the population, to a combination of these. The overall aim of each needs assessment is to translate robust qualitative and quantitative data analysis into key messages for commissioners, service providers and partners.

- 3.3 The most recent version of the JSNA can be found here: [www.lewishamjsna.org.uk](http://www.lewishamjsna.org.uk). The content is currently being reviewed and updated, with older JSNA Topic Assessments being archived. The Picture of Lewisham, describing the population in terms of the key health and socio-demographic characteristics, including mortality, morbidity,

ethnicity and inequalities is currently being produced, due for completion by the end of March 2018.

- 3.4 The priorities of The Health and Wellbeing Strategy 2013-2023 were informed by the JSNA.

#### **4. Background**

- 4.1 To undertake its responsibilities the Board needs to be periodically updated on the local population and its health needs. Individual JSNA topics provide in-depth analysis and recommendations for that specific service/population group.

#### **5. JSNA Steering Group**

- 5.1.1 Following the July 2017 Health and Wellbeing Board, requests were made for membership of the JSNA Steering Group. The group met for the first time in November 2017, with representation from Public Health, Lewisham CCG, Voluntary Action Lewisham, a representative of the local community organisations, Children and Young People's Commissioning and the Local Medical Committee.

- 5.1.2 The agreed JSNA process was recapped and a prioritisation matrix for future JSNA topic assessments was agreed. Submissions for JSNA Topic Assessments opened in January for a four week period.

- 5.1.3 Eight topic assessment proposals were received, ranging from Respiratory, to Mental Health to Inequalities, submitted by the CCG; Public Health; Adults Joint Commissioning; CYP Joint Commissioning and Prevention and Inclusion. The proposed topics will be tabled at the board meeting, following the prioritisation process at the JSNA Steering Group on 21<sup>st</sup> February 2018.

#### **5.2 Recently completed JSNAs**

- 5.2.1 A number of JSNA topic assessments were initiated prior to the new process:
- Cancer - finalised and approved by JSNA steering group (see Appendix A)
  - Repeated Removals of Children into Care
  - Domestic Violence affecting Young People
  - Youth Justice
  - Peri-natal Mental Health
  - Air Quality (Refresh)

#### **5.3 JSNA Topic Assessment Refreshes**

- 5.3.1 A number of the JSNA Topic Assessments currently available on the JSNA website are several years old. Following a review a decision was made to archive a number and refresh the critical assessments where

new data is available. The archived content will still be viewable, however with the warning that the information, particularly the data, is somewhat decayed.

## **6. Financial implications**

- 6.1 There are no specific financial implications. The Public Health team will have to allocate the appropriate human resources to manage and coordinate the JSNA process. This will be funded from the ring fenced Public Health Grant. Relevant commissioners will also be required to allocate appropriate human resources to support the relevant JSNA Topic Assessments. The financial implications of any recommendations arising from the assessments will be considered either during or once the assessments are completed as appropriate.

## **7. Legal implications**

- 7.1 The requirement to produce a JSNA is set out above.
- 7.2 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, Health and Wellbeing Boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in their area.

## **8. Crime and Disorder Implications**

- 8.1 There are no Crime and Disorder Implications from this report.

## **9. Equalities Implications**

- 9.1 JSNAs are a continuous process of strategic assessment and planning, with a core aim to develop local evidence, based priorities for commissioning which will improve health and reduce inequalities. Equalities Implications have been highlighted throughout the body of the report.

## **10. Environmental Implications**

- 10.1 There are no Environmental Implications from this report.

## **11. Conclusion**

- 11.1 The new JSNA process is progressing and aims to become embedded in strategic planning in future years.

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