

Croydon Council

For General Release

REPORT TO:	HEALTH & WELLBEING BOARD (CROYDON) 12 June 2013
AGENDA ITEM NO:	9
SUBJECT:	JSNA priorities for 2013 to 2014
BOARD SPONSORS:	Dr Mike Robinson Director of Public Health Hannah Miller, Executive Director of Adult Services, Health & Housing Paul Greenhalgh, Executive Director of Children, Families & Learning Paula Swann, Chief Officer, NHS Croydon Clinical Commissioning Group

CORPORATE PRIORITY/POLICY CONTEXT:

Joint Strategic Needs Assessments (JSNAs) have been a legal requirement of local authorities and the NHS since 2008. Health and Wellbeing Boards now have responsibility for producing a local Joint Strategic Needs Assessment (JSNA) which should inform their Health and Wellbeing Strategies. Croydon's approach to the JSNA has historically been to combine an annual key dataset and overview of health and wellbeing in Croydon with a small number of key topic areas or 'deep dive' chapters.

FINANCIAL IMPACT

There are no financial issues arising from the production of JSNA reports such as key topic chapters. Public health responsibilities transferred to Croydon Borough Council on 1st April 2013. A ring fenced budget transferred from the NHS on this date. Key topic chapters are likely to contain recommendations relating to investment/ disinvestment.

KEY DECISION REFERENCE NO: N/A

1. RECOMMENDATIONS

This report recommends that the health and wellbeing board supports the following approach to the 2013/14 JSNA:

- 1.1 Key dataset to be combined with explanatory commentary to form an overview chapter
- 1.2 At least two deep dive chapters to be completed, on *homelessness* and *domestic violence*
- 1.3 Three additional chapters to be considered on the following topics, for either needs assessment or refresh following scoping of existing work completed: alcohol, obesity (to include physical activity) and heart health.
- 1.4 Named commissioners allocated to each JSNA chapter

2. EXECUTIVE SUMMARY

- 2.1 Croydon's approach to the Joint Strategic Needs Assessment (JSNA) has been to combine an annual key dataset and overview of health and wellbeing in Croydon with a small number of key topic areas, where a more in depth needs analysis can be performed . This paper concerns the selection of these key topic areas for the 2013/14 JSNA.
- 2.2 A robust and transparent prioritisation process has been developed by the JSNA steering group and was utilised once more this year. The process involves the allocation of scores to each proposal by a multi- agency panel. Scores are awarded for agreed criteria, which include the scale and impact of the topic area locally, value for money presented by tackling the issue, and performance (with poorly performing areas being scored highly).
- 2.3 This year, a total of 21 key topic suggestions were made, covering 16 different areas. This paper presents the results of the prioritisation process and recommends that the health and wellbeing board adopt the following as key topic areas for the JSNA for 2013/14:
- Homelessness
 - Domestic Violence
- 2.4 In addition, the following topics to be considered for either needs assessment or refresh of existing work following scoping of existing work that has been completed in these areas:
- Alcohol
 - Obesity(to include physical activity)
 - Heart health.

3. DETAIL

3.1 Background

- 3.1.1 Joint Strategic Needs Assessment (JSNA) has been a statutory requirement of Directors of Public Health, Adult Social Care and Children's Services since 2008¹. With the Health and Social Care Act of 2012, responsibility has transferred to the new Health and Wellbeing Board. JSNAs, along with Joint Health and Wellbeing Strategies, are intended to form the basis of CCG and local authority commissioning plans, across health, social care, public health and children's services.
- 3.1.2 Local approaches to fulfilling JSNA functions vary. Croydon has developed an approach which combines an annual key dataset and overview of health and wellbeing in Croydon with a small number of needs assessments on specific topics. In recent years these have included child poverty, repeat abortions, and several areas of mental health. See full list of recent topics at Appendix 1.

¹ Local Government and Public Involvement in Health Act, 2007

- 3.1.3 The needs assessments have been led by Public Health but produced in partnership. With the move of Public Health out of the NHS it is essential to maintain strong links with the CCG and other NHS partners. This is particularly important to ensure optimal access to NHS data, which is a key component of the data used to inform the needs assessments. It has been agreed that the CCG and local authority where appropriate will nominate commissioning leads to support Public Health for each JSNA chapter.
- 3.1.4 Where possible, chapters have included consultation with stakeholders and the wider community. Each needs assessment has included a full literature review of the evidence for tackling the problem, led by Public Health. In Croydon, the JSNA work has gone beyond simple assessment of need and incorporated reviews of services provided in Croydon. These reviews extend the time taken to produce the chapters, but are seen as important parts of the process as they inform a series of evidence based, locally relevant, practical recommendations to which commissioners can be expected to respond. To maintain the service reviews as part of the needs assessment, it is essential that commissioners are involved in supporting these service reviews.

3.2 Prioritisation process

- 3.2.1 In order to ensure that the topic areas considered as part of the JSNA each year are selected in a fair and transparent way, the Croydon JSNA Steering Group has developed a prioritisation process. Each year, proposals for key topic areas are invited from a wide range of interested parties: see section 4. Once received, these are then allocated scores against eight criteria². Scores are reached via discussion with panel members, based on evidence. Where scoring panel members disagree on the relative weight given to any criteria, consensus scores are reached by voting.

3.3 Results of prioritisation process 2013/14

- 3.3.1 A total of 21 key topic proposals were received, from Public Health Croydon (7), general practice/CCG (5), the voluntary and community sector (4), DASSH (2), the Children and Families Partnership (2) and a member of the public.. The proposals covered 16 areas, as several topics (alcohol, domestic violence, measles, and housing) were submitted by more than one stakeholder.
- 3.3.2 The results of the scoring process are shown in Table 1 overleaf (3.5).
- 3.4** The JSNA Governance group³ met to discuss the ranked proposals. It was unanimously agreed that, whilst *measles/MMR* is an important health topic, it was more appropriate that work to increase uptake of MMR be carried out independently of the JSNA process. This was partly due to timeliness, with work needed to begin on this on an urgent basis as part of the Department of Health catch up campaign. It was also based on perceptions that identifying the

² Size of problem, impact on individual, value for money, effectiveness of interventions, links with deprivation, links with equalities, current performance, number and range of stakeholders interested in the topic.

³ Formed of the Directors of Public Health, Adult Social Care, Children, Families and Learning, and the Managing Director of the CCG

practices or areas where uptake was low could be done outside of the JSNA process.

3.5 Table 1: Results of scoring prioritisation proformas, May 2013

1	MEASLES (2 proposals)	56
2	PHYSICAL ACTIVITY	56
3	ADULT OBESITY	50
4a	ALCOHOL	48
4b	DRUGS AND ALCOHOL USE IN YOUNG PEOPLE	48
5	HOMELESSNESS	46
6	VIOLENCE	44
7	HEART HEALTH	42
8	DOMESTIC VIOLENCE (2 proposals)	40
9	EARLY YEARS	38
10	END OF LIFE CARE	38
11	CHILDREN WITH DISABILITIES (2 proposals)	36
12	INFORMATION FOR CARERS	34
13	HOUSING	32
14	HIV	30
15	BREAST SCREENING	28
16	BME	28
17	THYROID	22
18	COMMUNITY DETOX	-

- 3.6 It was additionally felt that *physical activity* and *obesity* could be combined into one proposal, and that any needs assessment on obesity should look at both child and adult obesity.
- 3.7 The topic of *domestic violence* was preferred over the broader proposal of *violence* which included but went beyond domestic violence to include all sexual violence and violence against the person. This was based on the 'lesson learned' that needs assessments are more likely to have an impact if they focus on a specific area, and avoid spreading their remit too thinly.
- 3.8 Based on the scoring and the considerations in 3.4 and 3.6 above, it is proposed that the health and wellbeing board adopt the following as 'deep dive' key topic areas for the JSNA for 2013/14:
- Domestic Violence
 - Homelessness
- 3.9 In addition, it is proposed that the following topics be considered for either needs assessment or refresh of existing work following scoping of existing similar work that has recently been completed in these areas:
- Alcohol
 - Obesity(to include physical activity)
 - Heart health

3.10 An update will be provided to the September HWB, once scoping work is carried out.

4. CONSULTATION

4.1 A wide range of stakeholders were consulted regarding the JSNA prioritisation process and asked to nominate key topic areas for consideration in 2013/14.

These included:

- Croydon Clinical Commissioning Group
 - Clinical Leads
 - Executive officers
 - Chair and Deputy Chair
 - Network coordinators to the six networks
 - Public Health representatives to the CCG
- All officers of Public Health Croydon
- Community pharmacists
- Directors of Adult Services Housing and Health; of Children Families and Learners, of Planning and Environment, of SCPP
- Croydon Council managers and service leads ('Tiers 1 – 3')
- All members of the JSNA Steering Group
- Croydon Voluntary Action, for cascade through their member organisation
- Croydon HealthWatch, for cascade through its contacts
- Talk2Croydon website, for responses from the general public

4.2 The CCG network coordinators and public health leads were briefed on the JSNA prioritization. Several networks took the opportunity to mention or discuss the JSNA.

4.3 Our colleagues in CVA and HealthWatch confirmed that they had disseminated information about the JSNA widely through their networks and by placing a notice on the Talk2Croydon website, opened up the possibility of putting forward a topic to the wider unaffiliated public

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 There are no financial issues arising from this report. Public health responsibilities transferred to Croydon Borough Council on 1st April 2013. A ring fenced budget transferred from the NHS on this date. However, once completed, key topic chapters are likely to contain recommendations relating to both investment and disinvestment.

6. LEGAL CONSIDERATIONS

6.1 There are no legal issues arising for the purposes of this report.

7. HUMAN RESOURCES IMPACT

7.1 There are no specific human resource implications for the purposes of this report.

8. EQUALITIES IMPACT

8.1 Equalities issues are built into the JSNA prioritization process. Each topic submission is scored against eight criteria, one of which is the number of equalities groups that are impacted upon by the topic under consideration.

9. ENVIRONMENTAL IMPACT

9.1 There are no specific environmental issues arising from this report.

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 The topic of domestic violence is one of the proposed key topic areas for the JSNA.

CONTACT OFFICER: Jenny Hacker, Consultant in Public Health, Public Health Croydon, DASHH.

BACKGROUND DOCUMENTS: None

Appendix 1: List of recent JSNA topics

2012/13

Depression
Emotional health and wellbeing of children aged 0-18
Schizophrenia

2011/12

Children in poverty
Dementia
Repeat abortions

2010/11

Diabetes
Infant mortality
Living well in later life
Looked after children
Sexual health

2009/10

Healthy weight, healthy lives chapter covered Obesity