

<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD (CROYDON) July 2014</b>
<b>AGENDA ITEM:</b>	<b>10</b>
<b>SUBJECT:</b>	<b>2014-15 JSNA Key Topics</b>
<b>BOARD SPONSOR:</b>	<b>Dr Mike Robinson, Director of Public Health, Public Health Croydon, Croydon Borough Council Hannah Miller, Director of Adult Social Care Paul Greenhalgh, Director of Children, Families and Learning Paula Swann, Chief Officer, Clinical Commissioning Group</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT:</b>	
Local authorities and Clinical Commissioning Groups are required to collaborate to produce a Joint Strategic Needs Assessment (JSNA). Croydon's approach in recent years has been to combine production of an annual key dataset with a small number of chapters on key topic areas, with the latter guided by an agreed prioritisation process to rank proposals received from stakeholders each year.	
<b>FINANCIAL IMPACT:</b>	
Public health responsibilities transferred to Croydon Borough Council on 1 <sup>st</sup> April 2013. A ring fenced budget transferred from the NHS on this date. There are no immediate financial issues arising from the production of JSNA reports such as key topic chapters. However, a key role for needs assessment is to identify evidence based interventions and identify gaps in service provision. As such, the needs assessments themselves are likely to contain recommendations for commissioners across health, social care and beyond relating to investment, and potentially disinvestment.	

## 1. RECOMMENDATIONS

This item is for discussion and a decision. The report recommends that, having considered the public sector equality duty and the Joint Health and Wellbeing Strategy, the Health and Wellbeing Board agree to needs assessments taking place, as part of the annual JSNA cycle, on the following in 2014/15:

- ◆ Service provision for the over 65s
- ◆ Respiratory illness, children and young people
- ◆ Maternal health

## 2. EXECUTIVE SUMMARY

- 2.1 Croydon's approach to Joint Strategic Needs Assessment (JSNA) has been to combine a statistical analysis of Croydon's performance (the annual JSNA key dataset) with a small number of 'chapters' on key topic areas. This paper concerns the selection of the key topic areas for the 2014/15 JSNA.
- 2.2 To inform selection of key topics, a prioritisation process developed by the JSNA steering group was again utilised. As part of the process, proposals are invited from a range of stakeholders and then ranked against set criteria.<sup>1</sup> This year, a total of 19 key topic suggestions were made and scored as part of the JSNA prioritisation process. Those scoring highly were:
- ◆ Service provision for the over 65s
  - ◆ Ethnicity and health
  - ◆ Smoking – children and young people
  - ◆ Maternal health
  - ◆ People in mental health crisis
  - ◆ Social isolation in older people
  - ◆ Children with disabilities
  - ◆ The care home community
  - ◆ Female genital mutilation
- 2.3 The JSNA Governance group is recommending that the following key topics be considered for needs assessment as part of the 2014/15 JSNA.
- ◆ Service provision for the over 65s
  - ◆ Respiratory illness, children and young people
  - ◆ Maternal health
- with ethnicity expected to form part of each chapter.

## 3. DETAIL

- 3.1 Joint Strategic Needs Assessment (JSNA) has been a statutory requirement of Directors of Public Health, Adult Social Care and Children's Services since 2008<sup>2</sup>. 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. These are

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1 Criteria used: scale of the problem locally, impact of the topic on individuals, value for money presented by tackling the issue, need to address performance locally, number and range of stakeholders for whom this is a priority, quality of evidence that the issue can be tackled, links with deprivation, and links to the equalities agenda.

2 Local Government and Public Involvement in Health Act, 2007

published (on Croydon Observatory website) as and when they are produced on a rolling basis.

Given the Health and Wellbeing Board's core functions of bringing together needs assessment in relation to health and social care, using assessment of need to agree joint priorities; promote integration and promote the involvement of the public in the commissioning process, the selection of JSNA key topic priorities is key business for the Health and Wellbeing Board.

### 3.2 **Prioritisation process**

Local approaches to fulfilling JSNA functions vary. Croydon has developed a transparent and systematic approach to informing annual needs assessment topics. Each year, a wide range of stakeholders are asked to submit suggestions for key topic areas. These are formally scored by members of the steering group against eight criteria. Scores reflect the suitability of the topic for needs assessment, rather than the quality of the proposal. To inform the scores, members of Public Health Croydon's Intelligence Team provide background information for each proposal regarding local prevalence, performance data, the strength of the evidence for addressing the problem and so on. Volunteer members<sup>3</sup> of the JSNA steering group then meet to discuss the evidence and agree scores for each of the proposals to enable these to be ranked and inform decision making. Where discussion does not produce consensus on scores for individual criteria, an overall score is achieved by a majority vote.

### 3.3 **Results of prioritisation process 2014/15**

A total of 19 key topic proposals were received by the JSNA Steering Group in 2014, from a range of sources (see Table 1).

**Table 1: Sources of JSNA topic submissions, 2014**

<b>Source of proposal</b>	<b>Number of topic proposals</b>
Public Health	3
Children Families and Learning	3
CCG (including one from a GP)	3
HealthWatch	3
DASHH	2
Croydon Voluntary Action	1
Hear Us	1
South London and Maudsley Foundation Trust	1
Integrated Commissioning Unit	1
Community Rehabilitation Company (formerly London Probation Trust).	1

<sup>3</sup> Representatives from Public Health, the CCG, Local Authority commissioning, CVA and HealthWatch.

Total	19
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All nineteen proposals were taken to the first stage of the process to assess whether the proposals were suitable for needs assessment. At this stage, five proposals were eliminated. Reasons included that JSNA chapters had only recently been completed on similar topics, or that proposals were considered to be more suitable for research projects than needs assessments (see Appendix 1 for details). All proposers were notified.

The remaining 14 topic proposals entered stage 2 and were allocated scores against each of the eight criteria adopted by the JSNA Steering Group. The results of the scoring are shown in Table 2 below.

**Table 2 Results of JSNA prioritization process June 2014**

SUMMARY OF PROPOSAL	PROPOSING ORGANISATION	TOTAL
Service provision for over 65s	CCG	60
Ethnicity and health	Public Health	50
Smoking - children & young people	Public Health	48
Maternal health	Children and Families Partnership	42
People in mental health crisis	SLAM	40
Social isolation in older people	Public Health	38
Children with disabilities	Healthwatch	38
Older people with mental health problems in care homes	DASHH	32
Female genital mutilation	CCG	30
Health of migrants and temporary overseas workers	CCG/GP	28
Adults with learning disabilities	ICU	28
Support to parents in risk groups	Children and Families Partnership	28
Long term conditions - children 0-19	Children and Families Partnership	26
Offender health in Croydon	Community Rehabilitation Company	24

The full results for each criteria are shown in Appendix 2.

The ranked results were taken to the JSNA Governance group at the end of June. Following Discussion with the JSNA Governance Group, it is proposed that the key topic areas for 2013/14 should consist of the following:

- ◆ Service provision for the over 65s
- ◆ Respiratory illness, children and young people (which would incorporate smoking)
- ◆ Maternal health

It is expected that ethnicity and health should be a key consideration in each chapter.

## **4. CONSULTATION**

4.1 A wide range of stakeholders were invited to submit topic proposals as part of the

JSNA prioritisation process. These include:

- ◆ Croydon Clinical Commissioning group
  - Clinical leads
  - Executive officers
  - Chair and deputy chair
  - Six GP networks
- ◆ Public Health Croydon
- ◆ Community pharmacists
- ◆ Directors of Adult Services, Housing and Health; Children Families and Learners, Development and Environment; Strategy, Commissioning, Procurement and Performance
- ◆ Local strategic partnerships:
  - ◆ HWBB
  - ◆ HWBB partnerships eg Addictive Behaviours Alliance
  - ◆ Safer Croydon
  - ◆ Children and Families
  - ◆ Croydon Council managers and service leads
  - ◆ Members of the JSNA Steering group
  - ◆ Croydon Voluntary Action, for cascade through their member organisation
  - ◆ Croydon HealthWatch, for cascade through its contacts

## **5. SERVICE INTEGRATION**

5.1 There are no direct implications for service integration from the selection of topic areas for the JSNA.

## **6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

6.1 There are no direct financial considerations arising from this report. However, once completed, needs assessments are likely to raise areas where there may be a need for investment. Needs assessments should also look at disinvestment.

## **7. LEGAL CONSIDERATIONS**

7.1 There are no legal issues arising for the purpose of this report.

## **8. HUMAN RESOURCES IMPACT**

8.1 There are no specific human resource implications arising from this report.

## **9. EQUALITIES IMPACT**

- 9.1 The JSNA prioritisation process includes an assessment of equality issues. Each topic that is proposed for a JSNA is scored against criteria that includes an assessment to ascertain the extent to which the topic will assess and consider the needs of groups that share a “protected characteristic” or are considered “vulnerable”.

Each JSNA chapter will have a section which looks at the equality and inclusion issues in relation to the main equality groups that share a “protected characteristics” for which data is available. This will also help us to identify equality groups where data is currently not available but may need to be considered.

The integration of equality and inclusion issues into the development of the JSNA will enable the Council to ensure that it meets the statutory obligation in the exercise of its functions to address the Public Sector equality duty (PSED). This requires public bodies to ensure due regard to the need to advance equality of opportunity; foster good relations between people who share a “protected characteristic” and those who do not and take action to eliminate the potential of discrimination in the provision of services.

- 9.2 Approved by: Yasmin Ahmed, Equalities Manager  
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## **10. ENVIRONMENTAL IMPACT**

- 10.1 Not applicable

## **11. CRIME AND DISORDER REDUCTION IMPACT**

- 11.1 None.

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**BACKGROUND DOCUMENTS** None

## Appendix 1: Proposals that did not reach stage 2 of the prioritisation process

1. '**Addiction services** in Croydon – are they good enough?'

Proposed by: Mental Health Forum

Reason: Addiction services in Croydon are in the process of being recommissioned, therefore it was not seen as a good use of resources to look at current services.

2. '**Community mental health services.**'

Proposed by: Healthwatch

Reason: 2012/13 JSNA focused on mental health and included consideration of community services.

3. 'Effect of **welfare reform** on mental health' \*

Proposed by: Hear Us

Reason: this was seen as more suitable for a research project than a JSNA.

4. '**GP services**'

Proposed by: Healthwatch

Reason: Felt to be beyond the scope of a JSNA chapter.

5. '**Stroke pathways**'

Proposed by: Steve Peddie

Reason: this was considered to be part of pathway redesign rather than needs assessment. In addition there has been pan London work in this area.

\* Submitted for the second time, from different organisations.

**Appendix 2: Detailed results of JSNA prioritisation process (ranked high to low)**

	A	B				C	D	SCORES			
PROPOSAL	SCALE LOCALLY	IMPACT ON INDIVIDUALS	LINKS WITH DEPRIVATION	LEVEL OF EVIDENCE	LINKS TO EQUALITIES	PRIORITIES/ TIMING	COMPARATIVE PERFORMANCE	VFM/ SAVINGS	SUB 1 A * B	SUB 2 C * D	TOTAL
Service provision for over 65s	5	5	5	5	5	5	3	5	25	15	60
Ethnicity and health	5	5	3	3	5	5	3	3	25	9	50
Smoking - children & young people	3	5	5	5	3	5	3	5	15	15	48
Maternal health	3	5	5	5	3	5	3	3	15	9	42
People in mental health crisis	1	5	5	5	5	5	3	5	5	15	40
Social isolation in older people	3	5	3	3	5	3	3	3	15	9	38



Children with disabilities	3	5	3	3	5	3	3	3	15	9	38
The care home community	1	5	3	5	5	5	3	3	5	9	32
Female genital mutilation	1	5	3	3	5	5	3	3	5	9	30
Health of migrants and temporary overseas workers	1	3	5	3	5	3	3	3	3	9	28
Adults with learning disabilities	1	5	3	3	3	5	3	3	5	9	28
Support to parents in risk groups	1	5	5	3	3	3	3	3	5	9	28
Long term conditions - children 0-19	1	5	3	3	3	3	3	3	5	9	26
Offender health in Croydon	1	5	5	1	3	1	3	3	5	9	24

NB multipliers are applied to criteria A and B, and to criteria C and D, and the results added to the scores for the remaining criteria.