

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 9 September 2015
AGENDA ITEM:	9
SUBJECT:	Proposal for 2015/16 JSNA topics
BOARD SPONSOR:	Dr Mike Robinson, Director of Public Health

CORPORATE PRIORITY/POLICY CONTEXT:

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.

FINANCIAL IMPACT:

There are no immediate financial issues arising from this report. However, a key role for needs assessment is to 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

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 the following needs assessments taking place as part of the annual JSNA cycle for 2015/16:

- Analysis of the Croydon key data set
- Health literacy and personal activation in people with long term conditions
- People with learning disabilities
- Social isolation

2. EXECUTIVE SUMMARY

2.1 This paper sets out recommendations for the selection of the key topic areas for the 2015/16 Croydon JSNA. It also outlines the process for eliciting and prioritising topic proposals.

3. DETAIL

3.1 Joint strategic needs assessment (JSNA) has been a statutory requirement of Directors of Public Health, Directors of Adult Social Care and Directors of

Children's Services since 2008¹. The Health and Social Care Act (2012), local authorities and clinical commissioning groups are required to collaborate through the health and wellbeing board to produce a JSNA. 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.

3.2 To inform topic selection, a prioritisation process developed by the JSNA steering group was used. Proposals were invited from a range of stakeholders and then ranked by members of the JSNA steering group against a number of criteria.² This year, a total of 11 topic suggestions were made and scored as part of the JSNA prioritisation process. These were:

- Health literacy and patient activation in people with long term conditions
- End of life care
- People with learning disabilities
- Social isolation
- Offender health
- Vitamin D deficiency
- Support for disabled parents
- Use of legal highs and cannabis
- Children with long term conditions (epilepsy, diabetes and sickle cell)
- Autistic spectrum disorder
- Sexual exploitation of teenage males

3.3 Following prioritisation by a sub-group of the JSNA steering group, proposals were also discussed by the three health and wellbeing board members with statutory responsibility for the JSNA: the Director of Public Health, Executive Director of People and the Chief Officer of Croydon CCG. Their recommendation to the board is that the following topics are the subject of needs assessment as part of the Croydon JSNA for 2015/16:

- Analysis of the Croydon key data set
- Health literacy and personal activation in people with long term conditions
- People with learning disabilities
- Social isolation

3.4 They also recommend that the health and wellbeing needs of offenders is considered as a high priority for the 2016/17 JSNA

1 Local Government and Public Involvement in Health Act, 2007

2 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.

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
- Community pharmacists
- Directors of Adult Services, Housing and Health; Children Families and Learners, Development and Environment; Strategy, Commissioning, Procurement and Performance
- Local strategic partnerships:
- HWB members
- HWB accountable partnerships e.g. learning disability partnership
- Safer Croydon
- Children and Families Partnership
- Public health team members
- Croydon Council managers and service leads
- Members of the JSNA steering group
- Croydon Voluntary Action, for cascade through their member organisations
- Croydon HealthWatch, for cascade through its membership

5. SERVICE INTEGRATION

5.1 JSNA chapter authors are asked to consider levels of service integration / scope for integration as part of their assessment of current provision and recommendations for future provision of services.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 There are no immediate financial issues arising from this report. However, a key role for needs assessment is to 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.

7. LEGAL CONSIDERATIONS

7.1 There are no legal issues arising from this report beyond the statutory duty for local authorities and clinical commissioning groups to produce a JSNA.

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 address the needs of groups that share a protected characteristic.

9.2 Each JSNA chapter is required to identify the equality and inclusion issues in

relation to the main equality groups that share 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.

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BACKGROUND DOCUMENTS None