

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 8 February 2017
AGENDA ITEM:	8
SUBJECT:	Proposal for changes to JSNA process
BOARD SPONSOR:	Rachel Flowers, Director of Public Health

CORPORATE PRIORITY/POLICY CONTEXT:

The Health and Social Care Act (2012), requires local authorities and clinical commissioning groups 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.

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

This paper outlines proposals for a new approach for Croydon's JSNA process. Specifically it recommends:

1. Retention of a key dataset to enable the health and wellbeing board and stakeholder organisations to have an overview of health and wellbeing needs in the borough.
2. A commissioner led process for identifying and conducting topic based needs assessment
3. A more rapid turnaround of needs assessments and a wider range of JSNA 'briefings' rather than a small number of detailed needs assessment

2. EXECUTIVE SUMMARY

- 2.1 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. This paper sets out recommendations for a change to the process of producing Croydon JSNA.

3. DETAIL

- 3.1 The purpose of the JSNA, as set out in statutory guidance published in April 2012, is to improve the health and wellbeing of the local community and reduce inequalities for all ages. JSNAs assess the current and future health and social care needs of the local community. These are needs that could be met by the local authority, Clinical Commissioning Groups (CCGs), the wider NHS or the voluntary and community sector. This analysis of needs is used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
- 3.2 Croydon's JSNA process was designed some time ago and has not been reviewed subsequently. The approach chosen was to maintain an annually updated core dataset as well as to conduct two or more in depth topic based needs assessments. The Public Health Intelligence team has continued to annually update the JSNA Key Dataset (last updated September 2016). All JSNA documents are published on the Croydon Observatory website.
- 3.3 In depth JSNA chapters on maternal health and older people were published in early 2016. These were the last in depth needs assessments conducted. Work was also undertaken on learning disabilities to inform commissioning decisions. This was originally planned as part of the JSNA process but was taken outside the then programme and the work has not been published on the JSNA section of the Croydon Observatory site. The chapter will now be completed in 2017 with additional information included on the needs of people with autism.
- 3.4 Issues with the current process include:
- An annual update of key dataset means that some data published after the cut-off point are not included. This means that the picture of needs can be inaccurate.
 - The process for producing JSNA in depth chapters is resource intensive and slow. Commissioning decisions often need to be taken more rapidly.
 - Lack of commissioner 'buy in' to JSNA (for a variety of reasons) means that needs assessments are being conducted outside the JSNA process.
 - Whilst the current process aims to engage a broad range of stakeholders in proposing, selecting topics and conducting needs assessments, this can slow the process significantly. A more streamlined process for stakeholder engagement will facilitate timely but well balanced needs assessment.
- 3.5 The proposed approach is set out below
1. **Key dataset**
It is proposed to retain the key dataset, with data updated as it is published rather than annually. A review of the indicators in the key dataset is also proposed

2. A commissioner led process

It is proposed that topics for more in depth needs assessment are collated on a rolling basis by commissioners with agreement of priorities by the Joint Commissioning Executive. A commissioner lead will need to be identified to develop a specification for each needs assessment and oversee its production. The Public Health Intelligence team will support the process.

3. JSNA briefings

As part of the JSNA we are suggesting producing a wider range of commissioner led, less detailed briefing papers – for an example see attachment or follow link <http://www.norfolksight.org.uk/jsna/reports-activity/jsna-briefing-papers>

3.6 The commissioner lead will need to

- Give a clear brief for the needs assessment
- Identify clear outcomes
- Facilitate access to data (including financial data)
- Liaise with relevant stakeholders

3.7 The Public Health Intelligence team will then provide all the analysis required and manage the process through a project plan that will include catch up sessions with the lead commissioner to make sure everything is on track.

4. CONSULTATION

4.1 Stakeholder views will be elicited by the lead commissioner as part of a streamlined process for the JSNA briefings.

5. SERVICE INTEGRATION

5.1 JSNA briefing leads 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 process will retain an assessment of equality issues. Each JSNA briefing lead will be 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