



Report of: **Director of Public Health**

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	16 July 2014	Item	All

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SUBJECT: Refreshing the Joint Strategic Needs Assessment (JSNA)

1. Synopsis

Local authorities and Clinical Commissioning Groups have an equal and explicit duty to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), through Health and Wellbeing Boards.

JSNAs are local assessments of current and future health and social care needs, and should be produced through a continuous process of strategic assessment and planning. Their outputs, in the form of evidence and the analysis of needs, should be used to help determine what actions local authorities, the local NHS and other partners need to take to improve the health and wellbeing of the local population and reduce inequalities.

This paper describes the actions that are taking place to update Islington's JSNA, the timescales and the emerging key messages. In summary the actions are as follows;

1. Undertaken JSNAs on domestic violence, children and young people with disabilities, and private housing.
2. Commissioned community researchers to engage with local residents to collect views on health and wellbeing in Islington. A full report of the findings is due in August.
3. Updating all current JSNA factsheets by August.

4. Updating the executive summary to incorporate findings from actions described above. A final executive summary will be published in September.
5. Identified new topics on which to gather intelligence.

2. Recommendations

The Health and Wellbeing Board is asked to:

- NOTE Islington's progress on the JSNA and the actions and timescales for updating it, particularly the work to collect resident and patient views.
- COMMENT on JSNA chapter/factsheets topics included in the JSNA and identify any gaps.
- AGREE the proposed approach and timetable for feeding back to the Health and Wellbeing Board on the JSNA

3. Background

3.1. JSNA Context

- 3.1.1. JSNAs are local assessments of current and future health and social care needs. Following the passing of the Health and Social Care Act 2012 local authorities and CCGs have an equal and explicit duty to prepare JSNAs and Joint Health and Wellbeing Strategies (JHWSs), through Health and Wellbeing Boards.
- 3.1.2. JSNAs are a continuous process of strategic assessment and planning. Their outputs, in the form of evidence and the analysis of needs, should be used to help determine what actions local authorities, the local NHS and other partners need to take to improve the wellbeing of the local population and reduce inequalities.
- 3.1.3. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory dataset to be included. It is for the Health and Wellbeing Board (HWB) to determine when to update the JSNA. The guidance makes it clear that the JSNA should be seen as an evolving process of understanding local needs and informing priorities, rather than a document to be produced at a single point in time.
- 3.1.4. What can the JSNA help to answer?

Issue	What are the factors that are contributing to poor outcomes?
People	Which groups are experiencing worse outcomes than the general population?
Place	Are poor outcomes localised to particular geographical areas?
Actions	What can we do to improve outcomes and tackle inequalities?
Resources	Are we using resources proportionate to need?
Impact	How will we know we have made a difference?

3.2. The Evidence Hub: Islington's JSNA

In Islington a web-based "Evidence Hub" has been developed for the borough to house evidence, data, strategies, intelligence and policies, which contribute to the evidence-base forming Islington's JSNA. The Evidence Hub is designed to help share information across and within organisations and to inform the development of evidence-based and needs-based commissioning plans and priorities. The Evidence Hub is Islington's JSNA.

A specific section of the Evidence Hub is denoted as the JSNA, for ease of navigation. All current JSNA chapters can be found here, written in a consistent JSNA factsheet format. The Executive Summary is also available, which distils the key facts, main messages and recommendations from all topic areas into one accessible document. The dedicated JSNA page can be accessed here: evidencehub.islington.gov.uk/yourarea/jsna/Pages/default.aspx

4. Developments during 2013/14 and next steps

4.1. New needs assessments

4.1.1. Domestic violence factsheet

Islington's rate of domestic violence offences is the second highest in North London, which can be an indication of higher violence, or of greater confidence in reporting incidences to the police. Domestic violence can affect everyone, but women, transgender people and people from BME groups are at higher risk than the general population. The estimated cost of domestic violence is almost £26 million in Islington, with most of the cost being borne by physical and mental health services (£7.7million). Islington Council's Community Safety team coordinates the overall response to domestic violence and all forms of violence against women and girls (VAWG) through developing strategies to tackle different forms of VAWG, raising awareness, commissioning services, training staff in the statutory and voluntary sectors, coordinating the local Multi Agency Risk Assessment Conference and Domestic Violence Persistent Perpetrators Panel. Locally there are a number of projects and services that work to support those affected by domestic violence and all forms of VAWG.

4.1.2. Children and young people with disabilities needs assessment

This has been completed and is currently out for comment with a range of stakeholders. It is timely as Children's Services are embarking on major service developments for this group as a result of the Children & Families Act which will require the local authority and partners to ensure that the 'Local Offer' of services and support is accessible and relevant to all children, young people and their families who are affected by special educational needs and disability.

4.1.3. Private housing sector factsheet

A factsheet on the private housing sector in Islington has just been completed and is due to be signed off by the Information and Intelligence Board at their next meeting.

4.2. Resident and patient engagement

In order to strengthen the 'voice' section of the JSNA and to better understand the health and wellbeing priorities of Islington residents, a programme of community research has been undertaken. The aim of the work was to more accurately capture residents' views and

experiences of health and wellbeing within the borough and to understand what is most important to them.

Fifteen community researchers were recruited and trained to carry out the research using a Participatory Appraisal (PA) approach. PA is a process which combines community research, learning and collective action. The approach uses a series of interactive tools which largely rely on visual methods and encourage involvement and participation in the research process. In total over 500 residents participated in various locations that residents regularly visit such as libraries, sports centres and community centres.

Analysis of the outputs from the community research work is still being completed and a complete report will be available by the end of August. Key findings will be included in this year's JSNA executive summary.

Alongside the community research work, both Islington Healthwatch and Islington CCG have been engaging with residents to gather views on health and wellbeing priorities. For example, Islington CCG is carrying out a community wellbeing project on the New River Green Estate. This project aims to map the local community's needs and skills, and then co-create a project to support their health and wellbeing needs. The learning from this project will support further developments through both Islington Giving and the CCG.

Healthwatch Islington, led by local volunteers, gathers views from the local community on health and social care services. Over the course of the past year, they have run focus groups with deaf service users, older people and young people as well as surveying people in local libraries, health centres, sports centres and the citizen's advice bureau. They also work closely with local voluntary sector groups to engage harder to reach communities and ensure that everyone has the opportunity to have their voice heard. The priorities in their work plan reflect these views and this year include: mental health and advocacy, interpreting services and home care. They have presented their findings to relevant service providers and commissioners.

4.3. Updating existing JSNA factsheets

The JSNA is currently undergoing a programme of work to refresh factsheets for 2014. This will include incorporating updated data and evidence, where available. Further information on the factsheets being updated can be found in the appendix.

4.4. Key messages

The emerging key messages based on the factsheets updated to date and recommendations from the 2014 JSNA summary are as follows:

- 1) The aging of Islington's population over the next 10 years will lead to a growing number of people living with long-term conditions, and an associated increase in the number of people living with multiple long term conditions, and in frail older people. This indicates an increasing need for health and care services to identify and manage these long term conditions earlier and more effectively and to join up services around the needs of the patient.
- 2) Work with local communities/specific population groups to improve the accessibility and reach of services, by involving all partners and focusing on the wider socio-economic and environmental determinants. In addition, raising awareness of the needs of specific populations (such as carers and people with learning disabilities) and improving access to support, training, prevention and treatment services for them, in order to improve outcomes and reduce inequalities in these groups.

- 3) Ensure that the commissioning and provision of services are culturally sensitive and provide equity of access responsive to a changing population with differing health needs.
- 4) With poverty as one of the greatest threats to health and wellbeing in the borough, getting people into work and particularly those population groups that face persistent barriers to moving into work, should be a focus. The impact of welfare reform on vulnerable groups should be monitored and mitigated through the provision of advice and support to affected population groups. Housing and security of housing is a particular area affected by welfare reform.
- 5) Supporting people to live healthier lives across the life course remains a priority. Programmes and services to support people to adopt healthier lifestyles should be delivered at sufficient scale and appropriately targeted in order to shift population health outcomes positively, and reduce health inequalities within the borough. Specific areas of focus include tobacco, overweight and obesity and alcohol.
- 6) Reducing the number of people living with undiagnosed long term conditions remains a priority, and local efforts to reduce this 'prevalence gap' should be evaluated and effective programmes delivered at sufficient scale, in order to improve outcomes in the short and medium term. Furthermore, programmes to raise awareness of signs and symptoms of long term conditions, including cancers and COPD, should be targeted at deprived communities to encourage early presentation. The recent decrease in the rate of premature mortality from cardiovascular disease indicates that a systematic approach, addressing all the major risk factors, and case finding those at greatest risk, is resulting in better long term outcomes for residents.
- 7) Implementing strategies and programmes that encourage people with long term conditions to self-manage and stay independent, as well as improving lifestyle and medical management of long term conditions, will improve both the quality and length of life. Access to effective services for conditions such as asthma or mental health problems in community and primary care settings will help to improve outcomes.
- 8) The strong link between physical health and mental health underlines the importance of the movement towards models of care that address both mental and physical health together. All those with a physical long term condition should be offered screening for depression.
- 9) A strong preventive and early intervention offer in pregnancy and the early years is important to reduce long term inequalities. In childhood, promoting healthy eating, physical activity and access to weight management support to children and their families continues to be important to reduce high levels of obesity and excess weight.
- 10) The provision of high quality, accessible and integrated sexual health promotion, testing and treatment services are key to addressing changing population trends and sexual health needs. Ensuring high quality sex and relationships education and access to effective contraception methods is also important to ensure choice and control over fertility and reduce the risk of HIV and STIs.

4.5. Next steps for the JSNA

4.5.1. For the coming year, factsheets on the following areas are planned, or are already in development.

Section	Factsheet
Mental health	Depression and anxiety Suicide and undetermined injury
Lifestyles and risk factors	Substance misuse
Vulnerable groups	Older people Vulnerable children Autism
Resident engagement	The 'Voice'

4.5.2. Vulnerable children needs assessment

A more detailed needs assessment is in preparation looking at children and young people who may be vulnerable as a result of a range of sometimes complex factors. It will cover those children and families who need early help, as well as those children who become looked after, a group who historically have experienced poor outcomes. The aim is to have a final draft by September which will align with the development of the Children's Health Strategy, which is in preparation at the same time.

4.5.3. A refreshed executive summary will be published in September 2014.

5. Implications

5.1. Financial implications

None at this stage. Any financial implications arising need to be considered and agreed by the relevant Council departments and any other partners.

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council.

5.2. Legal Implications

Section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 the Health and Social Care Act 2012, provides that the Council has a duty to prepare, in conjunction with the CCG, a joint strategic needs assessment. The joint strategic needs assessment is a process to identify the current and future health and social care needs of the Islington population.

5.3. Equalities Impact Assessment

None on these reports. The JSNA factsheets report detail dimensions of equality for each topic, highlighting the key measures taken to reduce inequalities.

5.4. Environmental Implications

None identified

6. Conclusion and reasons for recommendations

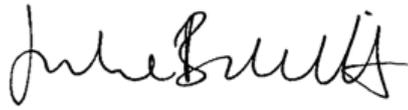
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Background papers: None

Final Report Clearance

Signed by



8th July 2014

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Director of Public Health

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Date

Received by

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Head of Democratic Services

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Date

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Appendix 1

Table 1: List of JSNA factsheets/chapters published on the Evidence Hub, and to be created in 2014/15

Completed and published on Evidence Hub?	JSNA Factsheet title	Date of current fact sheet or proposed publication date
MATERNAL AND CHILD HEALTH		
✓	Childhood Immunisations	August 2014
✓	Early access to maternity services	August 2014
✓	Infant mortality	August 2014
✓	Teenage pregnancy	August 2014
CHRONIC CONDITIONS (including Cancer and cancer screening)		
✓	Cancer: overall summary	August 2014
✓	Cervical cancer	August 2014
✓	Breast cancer	August 2014
✓	Bowel cancer	August 2014
✓	Lung cancer	August 2014
✓	Prostate cancer	August 2014
✓	Cardiovascular disease	August 2014
✓	COPD	August 2014
✓	Chronic Kidney Disease	August 2014
✓	Stroke and atrial fibrillation	August 2014
✓	Coronary heart disease	August 2014
✓	Respiratory disease	August 2014
✓	Diabetes	August 2014
MENTAL HEALTH		
✓	Mental Health	August 2014
✓	Psychotic disorders	August 2014
✓	Dementia	March 2013
	Depression and anxiety	TBC: 2014/15
	Suicide and undetermined injury	TBC: 2014/15
INFECTIOUS DISEASE		
✓	Infectious disease	August 2014
✓	HIV	March 2014
LIFESTYLES AND RISK FACTORS		
✓	Adult overweight and obesity	August 2014
✓	Childhood obesity	August 2014
✓	High blood pressure	August 2014
✓	Season Health (excess winter deaths)	August 2014
✓	Smoking	August 2014
✓	Oral health (adult & children)	August 2014
✓	Physical activity	August 2014
✓	Alcohol	August 2014
✓	Sexual health	March 2014
	Substance misuse	TBC: 2014/15
VULNERABLE GROUPS		
✓	Carers (Adults)	January 2013
✓	People with a learning disability	January 2013
✓	People with physical disabilities and sensory impairment	January 2013
	Autism	TBC: 2014/15

Completed and published on Evidence Hub?	JSNA Factsheet title	Date of current fact sheet or proposed publication date
	Older people Vulnerable children	TBC: 2014/15 TBC: 2014/15
SOCIAL, ECONOMIC AND ENVIRONMENTAL DETERMINANTS		
✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	Private housing Domestic Violence Housing and Homelessness Unemployment and NEETs Educational attainment and lifelong learning Social housing Air quality Food safety Food standards Health & safety	July 2014 March 2014 May 2013 May 2013 April 2013 March 2013 October 2012 September 2012 September 2012 September 2012
RESIDENT ENGAGEMENT		
	The Voice	TBC: 2014/15