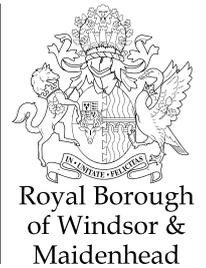


Subject:	Joint Strategic Needs Assessment – current and future plans
Reason for briefing note:	To provide an update to Adults Services and Health Overview and Scrutiny Panel
Responsible officer(s):	Holli Dalglish, Service Lead, Public Health Programmes
Senior leader sponsor:	Hilary Hall, Deputy Director Strategy and Commissioning
Date:	11 March 2019

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SUMMARY

This paper describes both the long and short term plans for the Joint Strategic Needs Assessment (JSNA) to be delivered in 2019 and beyond. It provides an overview of the structure and priorities associated with an interim JSNA and details of the proposal for how the JSNA process can be adapted and improved moving forward.

1 BACKGROUND

- 1.1 The JSNA has been a joint duty between local authority and the Clinical Commissioning Group, on behalf of the Health and Wellbeing Board, for 10 years. It looks at the current and future health and care needs of the local population to inform and guide local decision making. One of its key focuses is to highlight and encourage local decision makers to address any variations and inequalities that exist in the health and wellbeing of the borough.
- 1.2 The JSNA has a wide audience including the general public, voluntary sector and local businesses. However the key audiences are health and social care commissioners.
- 1.3 Since 2013, the local authorities across Berkshire have followed a similar structure of JSNA that splits the chapters into significant areas of life – e.g. developing well, living well, ageing well etc. Despite following a similar structure, the focus of the chapters remains based on the individual needs of each local authority area. This process has been supported by the shared public health team who provide data to facilitate any local updating.
- 1.4 Both locally and across Berkshire it has been felt that the JSNA is:
- Underutilised.
 - Often out of date/ not timely or relevant.
 - Taking a disproportionate amount of time to produce in relation to its impact on evidenced based decision making.
 - Out of date with JSNA developments across the country.
- 1.5 The next iteration of the JSNA is currently in development, with sign off scheduled for the Health and Wellbeing Board in April 2019. This JSNA has been supported by three rapid needs assessments, focused on the three life course areas: children and young people, working age adults and older people. This JSNA is seen as an interim measure to ensure the Royal Borough has up-to-date information published online.
- 1.6 The development of the interim JSNA is running parallel to a review of the JSNA structure and process across Berkshire. It is proposed that a new Berkshire approach to the JSNA is

gradually introduced throughout 2019/20, which moves away from a traditional online document of reports to a suite of tools that can be used to interrogate data.

2 KEY IMPLICATIONS

- 2.1. The current JSNA will serve as an interim arrangement for the borough. It will ensure that the JSNA is up-to-date, reflects the needs of the borough and that the Health and Wellbeing Board fulfils its duty.
- 2.2. The Berkshire approach to the JSNA will have positive implications for the Royal Borough. By creating an online resource that is up-to-date and relevant, the JSNA can support decision makers to utilise and target public funds in the most cost-effective and timely manner.

3 DETAILS

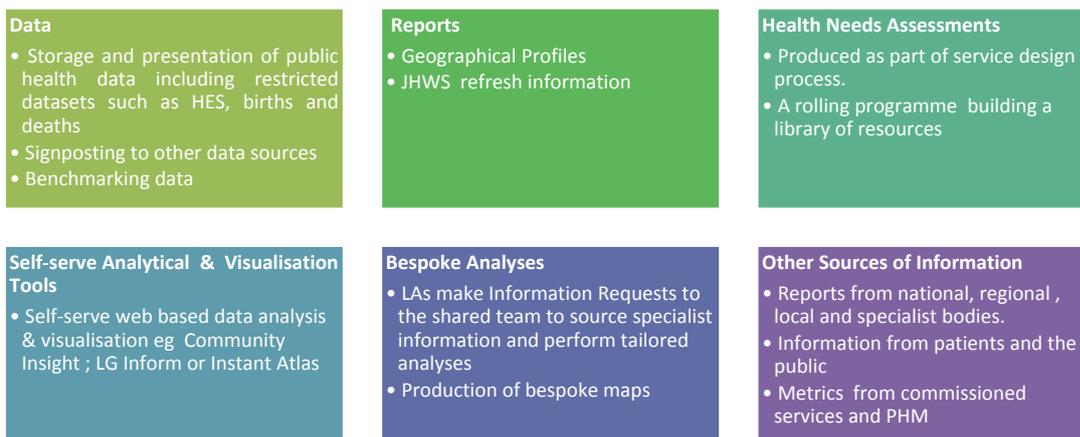
Interim JSNA

- 3.1 The development of the interim JSNA has been informed by a three rapid needs assessment. The priorities emerging from these assessments have been included within three chapters that cover the main stages of life; children and young people (developing well), working age adults (living well), and older adults (aging well).
 - 3.2 The priority areas identified in the rapid needs assessment for the Living Well chapter (working age adults) were:
 - Mental health.
 - Cardiovascular diseases (specifically diabetes).
 - Dementia.
 - Alcohol related road traffic accidents.
 - Excess weight.
 - Use of green spaces for exercise or health reasons.
 - Smoking in intermediate groups.
 - 3.3 The priority areas identified for the Aging Well chapter (older adults) were:
 - Sight loss, including age related macular degeneration.
 - Falls.
 - Immunisations.
 - Dementia.
 - 3.4 For completeness, the priority areas for children and young people were autism, child obesity, child poverty, emotional and mental health, immunisations and A&E admissions.
 - 3.5 In addition to the three life stages chapters, the JSNA also includes chapters on: population, deprivation, life expectancy, employment and income, housing and homelessness, crime and disorder, domestic abuse, the environment and road safety.
- ### **Long term plan for the JSNA - Berkshire Approach**
- 3.6 The Berkshire approach sees the JSNA move away from a traditional online document of reports to a suite of tools that can be used to interrogate the data. Rather than updating chapters and reports each year, it is proposed that all six authorities will work to build a library of resources which will include analysis of local needs and evidence of intervention effectiveness. These can be tailored to align with the local commissioning cycle, ensuring

that the JSNA remains timely and relevant, maximising its impact. There will also be an online data platform that will present data in a visual and accessible way.

3.7 The new suite of resources to be included within the new JSNA are shown in Figure 1. Many of these are in place already but work will be needed to develop a range of new local routine reports by the shared team; to roll out the self-serve tool and build the library of resources. A key new area of work will be the inclusion of data from patients and residents.

Figure 1: JSNA Building Blocks



3.8 The costs associated with the procurement of the self-service analytical and visualisation tool will be absorbed within the budget of the shared public health team, which is funded jointly by all six Berkshire authorities. The JSNA will continue to have an associated cost of officer time for the borough, however it is not envisioned that this will be any more than currently utilised and even presents a possibility to lower this cost.

4 RISKS

4.1. There is a risk of inefficient use of limited resources if the JSNA process remains in its current format. The Berkshire approach aims to reduce this risk and make the best use of limited RBWM resources to produce a JSNA that is relevant, up-to-date and an asset to the local authority.

5 NEXT STEPS

March 2019	Share new JSNA model with statutory partners
	Finalise chapters for interim JSNA
March-April 2019	Procure self-serve analysis tool
	Design training for tool use
April 2019	Agree initial needs assessments and reports to be included in new JSNA
	New JSNA model adopted
	Interim JSNA signed off by Health and Wellbeing Board
April- May 2019	Publishing interim JSNA online