

 Brent NHS North West London	Health and Wellbeing Board 25 July 2023
	Report from Director of Public Health
Joint Strategic Needs Assessment (JSNA) 2023	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Appendix 1 – JSNA Key Findings and Next Steps
Background Papers	None
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1.0 Purpose of the Report

- 1.1 This report provides an update on the new Joint Strategic Needs Assessment (JSNA) for Brent, which was published in June 2023. It summarises the new format, the key messages, and next steps for further health intelligence work.

2.0 Recommendations

- 2.1 Health and Wellbeing Board members are asked to:
- Note the format and headline findings of the JSNA 2023, as set out in Appendix 1.
 - To provide a steer on proposed future health intelligence work and to delegate authority to the ICP executive to agree the final list of “deeper dives”
 - To reaffirm their organisation’s commitment to full participation in the JSNA process, including ensuring that relevant officers take an active role in scoping, sharing data, and providing subject matter expertise in future health intelligence work with a particular focus on improving our granular understanding of health inequalities.

3.0 Detail

- 3.1 Health & Wellbeing Boards have a statutory requirement to publish a Joint Strategic Needs Assessment (JSNA). There is no prescribed format for JSNAs, nor mandatory data sets that need to be included, and Health and Wellbeing Boards are free to decide how to undertake and present them to suit local need. The purpose of a JSNA is to provide an evidence-based summary of the current and future health and social care

needs of the local community though monitoring health outcomes over time. It also considers the wider factors that impact on communities' health and wellbeing, such as employment, housing and crime.

- 3.2 The new format of the Brent JSNA is described in Appendix 1, along with some of the key messages highlighted by the tool. HWBB members are also encouraged to explore and promote the JSNA interactive tool, and accompanying Ward Profiles, which can be found on Brent's Open Data website - <https://data.brent.gov.uk/dataset/emqrl/brent-joint-strategic-needs-assessment-jsna-2023>
- 3.3 Any assessment of need at a borough-wide level will be necessarily summary in nature, and as such it is the intention that a small number of more detailed "deeper dives" are undertaken into topics of strategic importance.
- 3.4 The suggested list of topics for deeper dives in 2023/24 includes;
- Special Educational Needs & Disabilities (SEND)
 - Cancer
 - Air Quality
 - Gambling
 - Sexual Health
- 3.5 The scope and methodologies used in each of these "deeper dives" will vary according to the subject matter but will generally include an exploration of the outcomes and experience of individuals, through both quantitative and qualitative means, and a focus on inequalities. A steering group will be created to scope each topic and will aim to include representation from each HWBB partner as appropriate.

4.0 Financial Implications

- 4.1 None.

5.0 Legal Implications

- 5.1 Under the Local Government and Public Involvement in Health Act 2007 (amended by the Health and Care Act 2022, and the Health and Social Care Act 2012), Health and Wellbeing Boards are responsible for the development of joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies.
- 5.2 In publishing the JSNA 2023, Brent Public Health have fulfilled this duty on behalf of the Health and Wellbeing Board.

6.0 Equality Implications

- 6.1 A core purpose of the JSNA is to provide the evidence base that can support the reduction in health inequalities. Wherever the data are available, outcomes have been analysed through the lenses of deprivation, ethnicity and disability, in both the JSNA and other health intelligence products.
- 6.2 At the present time, the amount of health data that is publicly available broken down in this way is limited. The team continue to try and improve this through making better use of the Whole Systems Integrated Care (WSIC) platform hosted by North West London ICB. While this is a vast improvement on publicly available data, there are frequently limitations with this approach, and it is likely that WSIC data will need to be augmented with more detailed service data from HWBB partner organisations if we are

to make a successful step change in our ability to highlight and tackle health inequalities in a meaningful way.

Report sign off:

Dr Melanie Smith
Director of Public Health