	<p align="center"><b>Health and Wellbeing Board</b> 7 October 2019</p>
	<p align="center"><b>Report from the Director of Public Health</b></p>
<p><b>Joint Strategic Needs Assessment</b></p>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>No. of Appendices:</b>	N/A
<b>Background Papers:</b>	N/A
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Dr John Licorish, Public Health Consultant john.licorish@brent.gov.uk

## 1.0 Purpose of the Report

- 1.1 To outline for the Board the Joint Strategic Needs Assessment (JSNA) process and the current refresh

## 2.0 Recommendation(s)

- 2.1 The Board is asked to
- approve the JSNA process and refresh being undertaken
  - note the progress in the current refresh
  - consider how the Board's public engagement can inform the JSNA

## 3.0 Detail

### 3.1 Joint Strategic Needs Assessment Background

- 3.2 The Health and Social Care Act 2012 amended the Local Government and Power Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing boards in relation to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

- 3.3 The Brent JSNA is a process that determines the health, wellbeing and social care needs of Brent. The JSNA refresh is based on the analysis of local, regional and national datasets and service data. These include demographic,

behavioural, and epidemiological data on diseases and health related conditions.

- 3.4. The JSNA is an assessment of the current and future projected needs of the local population. These refer to needs that could be reasonably be met by the local authority, the local Clinical Commissioning Group (CCG) and NHS England. JSNAs are unique to each local area and there is no specific template or format to be used. JSNAs will use a variety of data sources including quantitative data as well as service user information and views fed in by community participation.

### **3.5 Joint Strategic Needs Assessment Usage**

- 3.6 The local authority, CCG and NHS England have a statutory duty to have regard to the JSNA when developing their commissioning plans. Where plans are not taking the JSNA into account, commissioning bodies need to be able to say why.
- 3.7 Local authorities have a duty to improve the health of their population. If the authority's decisions do not take health into consideration or the JSNA, the Health and Wellbeing Board can raise its concerns with the relevant authority.
- 3.8 The impact of the JSNA is dependent on how it is used locally. It not only allows community needs to be identified but also a focus on those vulnerable groups that may have special health and social care needs not currently being addressed. It also allows for the re-orientation of services around need and service use as opposed to traditional commissioning patterns

### **3.9 Joint Strategic Needs Assessment Process**

- 3.10 The Brent JSNA is a cyclical process rather than just an event or document. It is in itself the key driver of commissioning plans for the local community. Brent CCG is required to produce commissioning plans annually and the council undertakes commissioning on a continuous basis. The voluntary sector also makes continuous use of the JSNA in planning and providing services to residents. As a result, there is a need to update the evidence and community needs as well as to produce bespoke products.
- 3.11 At present the Brent JSNA has produced one large document and a suite of specialist products to inform commissioning in certain areas or for certain groups. In the short term further summary sheets are being prepared. In the medium to longer term additional types of products depending on the needs of the community and as directed by the Health and Wellbeing Board and the JSNA steering group will need to be produced.

### **3.12 Joint Strategic Needs Assessment Products:**

- 3.13 It is proposed that all of the information sheets in the table below are refreshed as part of the 2019 JSNA to reflect the latest information and intelligence for each

Children and Young People	Life Expectancy	Substance Misuse
Dementia	Liver Disease	Transportation
Deprivation	Mental Health	Tuberculosis
Diabetes	Older People	
Domestic Abuse	People and Place	
Educational attainment	Physical Disability	
Employment and Economy	Primary care	
FGM	Secondary care	
Gangs/ Violent crime/ Violence	Sexual Health	
Health and Lifestyle	Smoking prevalence	
Homelessness and Housing	Social Isolation	
Learning Disability and Autism Spectrum Disorder	Special Educational Need	

3.14 Below is a list of the additional information sheets which will be incorporated as part of the 2019 JSNA refresh based on any gaps identified from the Borough Plan.

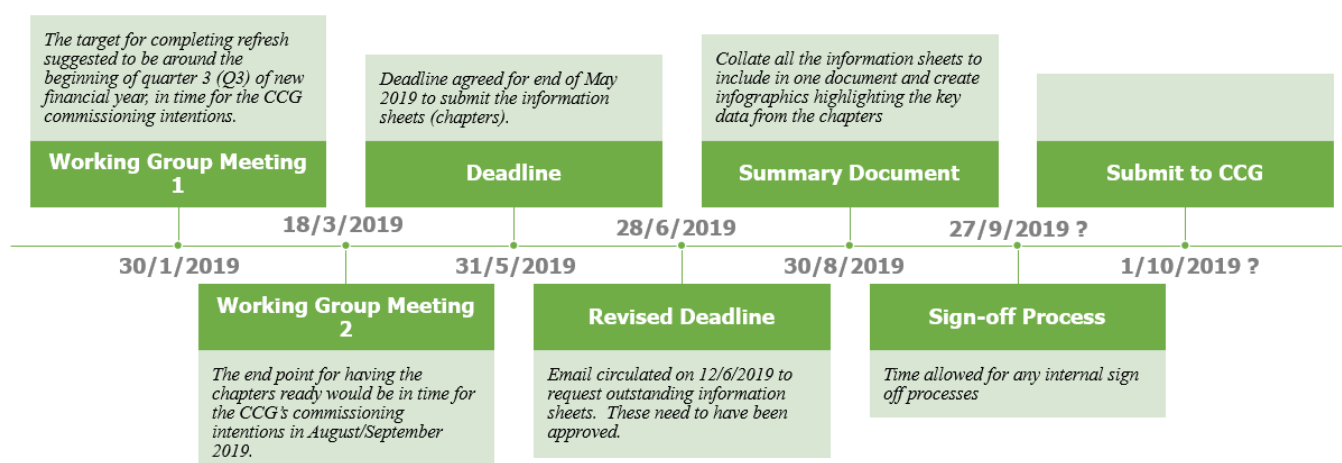
Air quality	Culture	Noise/Nuisance	3.1
Autism	Early Years	Oral Health	5
Childhood Obesity	Gambling	Safe Guarding and Deprivation Liberty	3.1
Community Assets	Health and Social Care Integration	Climate Change	6

3.1

## 7 JSNA Timeline:

### JSNA Timeline

Updated 18/06/2019



#### **4.0 Financial Implications**

4.1 There are no direct financial concerns as a result of this paper

#### **5.0 Legal Implications**

5.1 There are no legal implications of this paper

#### **6.0 Equality Implications**

6.1 The paper will help to reduce health inequalities

#### **7.0 Consultation with Ward Members and Stakeholders**

7.1 Members of the Health and Wellbeing Board are involved in the steering group

#### **Report sign off:**

**Dr Melaine Smith**

Director of Public Health