

HEALTH AND WELLBEING BOARD

12 January 2021

Title:	BHR Joint Strategic Needs Assessment 2021-22 (Update)
Report of the Cabinet Member for Social Care and Health Integration	
Open Report	For Information
Wards Affected: All	Key Decision: No
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Sponsor: Chris Bush, Commissioning Director for Children's Care and Support; Matthew Cole, Director of Public Health	
Accountable Strategic Leadership Director: Elaine Allegretti, Strategic Director, Children and Adults	
Summary: A report to apprise the board on the delivery of BHR Joint Strategic Needs Assessment 2021-22, where the London Boroughs of Barking and Dagenham, Havering and Redbridge collaborate to meet this statutory requirement via the production of three individual needs assessments, each of which mirror each other in format and content whilst offering a localised and detailed view of the health needs in each borough. The production of the BHR Joint Strategic Needs Assessment is further enhanced by an online mapping tool that allows stakeholders to further interrogate and access relevant data. This update offers the board an advanced overview of the JSNA prior to publication in March 2022.	
Recommendation(s) The Health and Wellbeing Board is asked to: <ol style="list-style-type: none">1. note the report and2. feedback considerations on the current development framework and provide directions if required.3.	
Reason(s)	Offering an update on the delivery of the BHR JSNA 2021-22

1. Introduction and Background

- 1.1 The Health and Social Care Act 2012 amends the: Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).
- 1.2 In the Act, the Government sets out a vision for the leadership and delivery of public services, where decisions about services should be made as locally as possible, involving people who use them and the wider local community. The Act supports the principle of local clinical leadership and democratically elected leaders working together to deliver the best health and care services based on the best evidence of local needs.
- 1.3 Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole.
- 1.4 JSNAs are assessments of the current and future health and social care needs of the local community. Such needs could be met by the local authority, CCGs, or the NHS. JSNAs are produced by health and wellbeing boards and are unique to each local area.
- 1.5 In 2019 the Directors of Public Health in Barking and Dagenham, Havering and Redbridge led on the project of delivering a Joint Strategic Needs Assessment for the BHR area where each Local Authority delivered in 2020 a unique JSNA to their areas that at the same time gave full regards to the other areas, offering a comparative approach and delivering a JSNA that is both local to the individual areas and to the BHR area at the same time.
- 1.6 The published JSNAs incorporated, and were complemented by, an online tool called Local Insight that which allowed detailed interrogation of data referred to in the JSNA along with a package of analytical reports that can be downloaded by the public.

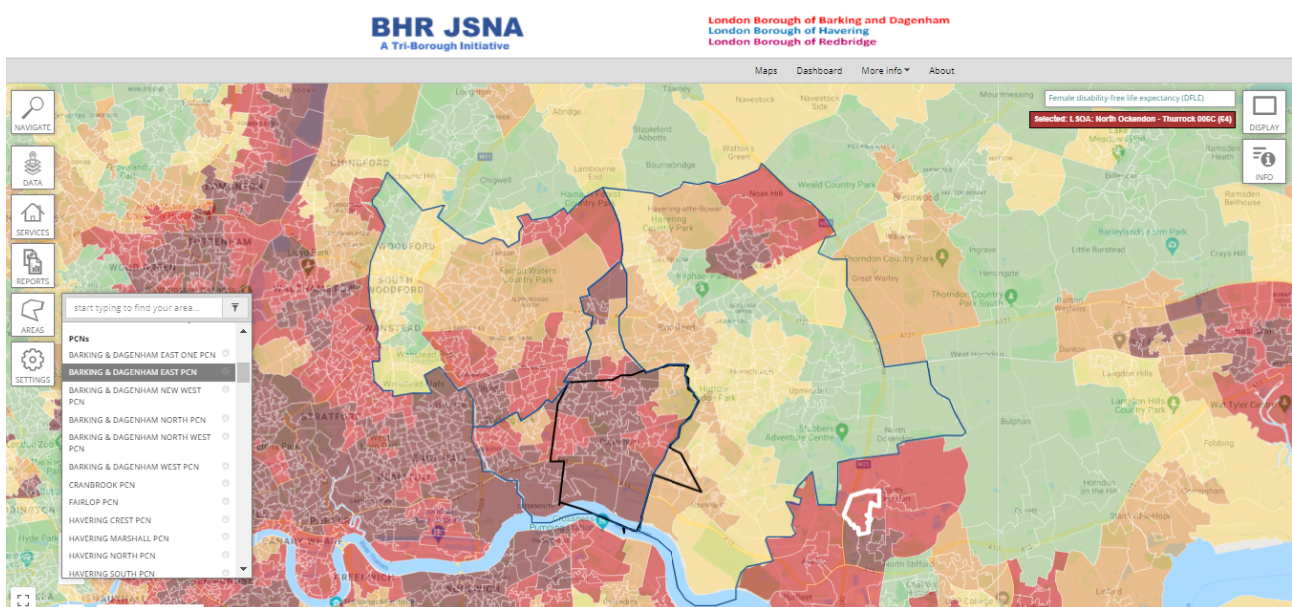
2. Proposal and Issues

- 2.1 The successful collaborative approach taken by the three local authorities last year, which culminated in the production of a modern, easy to use and detailed JSNA at BHR level, endorses a continuation of such work and the production of a BHR JSNA in 2021 that is complemented with an online tool to facilitate both the interrogation and further exploration of useful data, reports, and maps by interested stakeholders.
- 2.2 The delivery of the 2021-22 BHR JSNA is progressing well and is now in the advanced concluding stages of drafting with the intention to present the final document for Barking and Dagenham to the HWBB in March 2022 ready for sign off and publication by the end of the financial year.
- 2.3 The next stage of the delivery of this BHR JSNA 2021-22 will focus on the completion of the three JSNA documents; where the first document will be the delivery of the London Borough of Havering local version of the JSNA followed by two mirrored, but localised, versions for The London Boroughs of Barking and Dageham and Redbridge.

2.4 The delivery and maintenance of the online tool remains a crucial part of the process and production of the BHR JSNA, as going digital is very important to reaching wider audiences including commissioners, commercial entities, professionals and other stakeholders.

The Local Insight online platform already procured for, accessible online and made available for the public to make use of for at least a further year. The BHR JSNA 2021-22 iteration of the Local Insight tool includes a much larger set of data and gives regard to newer geographies such as ones that could mirror primary care networks.

Link to BHR online Local Insight tool: <https://bhrsna.communityinsight.org/map/>



Snapshot of the online tool showing the *Female disability-free life expectancy (DFLE)* data for the area with a particular highlight of an individual Primacy Care Network (Source: https://bhrsna.communityinsight.org/?indicator=dfle_f_v_20090101#)

2.5 The BHR JSNA steering group have successfully engaged and continue to do so with transformation teams to ensure the 2021-22 JSNA includes all relevant and key intelligence where data is available.

2.6 The current aim is to finalise the writing of the various chapters that form the BHR JSNA 2021-22 during the months of January 2022 so that final documentation is complete by the end of February 2022 in readiness for sign off at the respective Health and Well Being Boards in the following month.

According to this timetable, the current intention is to present the JSNA to the respective Health and Wellbeing Board for approval in March 2022, and if approved publish it shortly after.

Challenges:

2.7 Whilst considerable improvements have been included in this year's BHR JSNA some challenges were confirmed and others remained such as the intelligence

teams' inability to have access to primary care data. This is an impasse that prevents the teams from offering an analysis at a greater granularity in support of service delivery and the overall locality/PCN population health agenda. As such, the JSNA is likely to recommend a need to continue to pursue access to such data with colleagues across various services such as CCG.

3 Timeline

3.1 Timelines to March 2022

BHR JSNA Chapters reviewed and shared (Havering)	Mid January
Completion of the draft BHR JSNA – LBBB version	Mid February
Finalise documentation (JSNA and Online tool)	End of February
Presenting JSNA to HWBB	March HWBB
Publication of JSNA	End of March

3.2 Link to most recent BHR JSNA profiles:

https://bhrjsna.communityinsight.org/custom_pages?view_page=43

Link to BHR online Local Insight tool:

<https://bhrjsna.communityinsight.org/map/>

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

Meeting obligations as per statutory requirements set above.

4.2 Health and Wellbeing Strategy

To apprise the board with the development and delivery of the BHRJSNA.

4.4 Financial Implications

None

4.5 Legal Implications

None