

Committee(s):	Date(s):
Health and Social Care Scrutiny Sub-Committee	20th November 2012
Subject: JSNA 2012	Public
Report of: Director of Community and Children's Services	For Information
Ward (if appropriate): All	
<p><b><u>Summary</u></b></p> <p>This report provides an update on the progress of the 2012 Joint Strategic Needs Assessment (JSNA), which is a statutory requirement for local authorities.</p> <p>Although the refresh of key JSNA data will meet the statutory minimum requirement, it will not provide all the information required to commission local services in the City, or provide a complete sense of the City as a separate place to Hackney.</p> <p>For this reason, the City of London's shadow Health and Wellbeing Board has agreed that an additional supplement should be produced, that contains information relating to the City of London, and covers the health and wellbeing of both residents and workers.</p> <p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• It is recommended that Members note the contents of this report</li> </ul>	

## **Main Report**

### **Background**

1. The publication of an annual JSNA is a statutory responsibility. Known locally as the Health and Wellbeing Profile, its purpose is to provide a description and assessment of the health and wellbeing needs of the local population to inform local decision-making in all sectors.
2. The last publication, covering 2011, was a very comprehensive and lengthy document, and was jointly produced with Hackney. This was to reflect the shared PCT budgets that covered the City and Hackney.
3. City and Hackney Clinical Commissioning Group (CCG) require an up-to-date version of the JSNA to undertake their authorisation process, which is currently underway. In order to achieve this, the CCG asked for a refresh of the key JSNA dataset, to update the current Health and Wellbeing Profile with new data for 2012.

## Current position

4. This data refresh means that City and Hackney will have fulfilled the minimum statutory requirements for having an up-to-date JSNA document; however, much of the data contained within the refresh is aggregated “City and Hackney” data, which doesn’t distinguish between City residents and Hackney residents.
5. As the resident profiles of Hackney and the City are very different (for example, Hackney has a very young population, the City has a relatively old resident population), some City-specific issues are likely to be masked within the greater size of the Hackney population.
6. From April 2013, the City of London will be responsible for local public health services, and so City-specific data will be required on an on-going basis, to inform commissioning decisions.
7. A separate City-specific JSNA was considered; however, it posed the following risks:
  - The process will take a long time and will require a large amount of input from the public, wider stakeholders, and the Health and Wellbeing Board.
  - The JSNA structure may need to be overhauled again once the new public health and CCG system has bedded-in, to reflect the ways in which the system is actually working in practice.
  - A separate JSNA document for the CCG to consider may result in the City’s needs being overshadowed by Hackney.
  - JSNA will detail both residents’ needs and workers’ needs – the CCG is only currently funded to meet the needs of residents, so may object to having an additional document to consider, alongside Hackney’s JSNA, that only covers 7,400 funded individuals.
8. In their meeting on September 5<sup>th</sup>, the City of London’s shadow Health and Wellbeing Board agreed that an additional data supplement should be produced, dealing with the health and wellbeing of the City, with updated data on residents and new sections on workers. This supplement recognises that City and Hackney still shares a CCG, so will continue to share any health services; however, the production of a separate City-specific document will provide a much clearer sense of place than the joint Health and Wellbeing Profile.
9. Much of the new information required for this supplement has already been generated, through the City workers’ health research and subsequent post hoc analysis; the Alcohol Academy research; and local assessment of

residents' health needs using NHS data conducted by NHS ELC's Health Intelligence Unit, as well as mapping of City health services commissioned by the CCG. This means that the supplement will be relatively straightforward to produce.

10. Little public engagement will be required, as the previous format has been agreed extensively with stakeholders and the public.

## **Conclusion**

11. Although the JSNA data refresh represents the bare minimum that the City is required to do to meet its statutory obligations, the production of an additional supplement relating to the City alone will serve as a useful tool for local commissioners, as well as providing a much clearer sense of place than the joint Health and Wellbeing Profile.

## **Background Papers:**

*JSNA and City Workers Research Update, 23<sup>rd</sup> November 2011 (Health and Social Care Scrutiny Subcommittee)*

*Health and Wellbeing Profile 2011 (JSNA), 17<sup>th</sup> February 2012 (Health and Social Care Scrutiny Subcommittee)*

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