Committee(s):	Date(s):
Health and Wellbeing Board	5th September 2013
Subject: City and Hackney Health and Wellbeing Profile	**Public**
Report of: Director of Community and Children's Services	**For Information**

Summary

Local authorities and Clinical Commissioning Groups have a joint duty to prepare and update Joint Strategic Needs Assessments (JSNA). This duty must be discharged by local Health and Wellbeing Boards.

The London Borough of Hackney intends to refresh the JSNA in autumn 2013,

Recommendation(s)

Members are asked to approve the proposal to refresh the Health and Wellbeing Profile, adopting the principles and framework outlined below.

Main Report

Background

1. LB Hackney and City of London's Health and Wellbeing Profile (Joint Strategic Needs Assessment, JSNA) received a light touch data update in 2012. It presents any party who has an interest in promoting health and wellbeing for the people of Hackney and the City of London with a clear and accurate evidence base on the needs of the area with the intention of influencing the policies, strategies and priorities of component organisations.

2. LB Hackney's Health and Wellbeing Board has agreed that a refresh of the health and wellbeing needs of borough's resident population should be carried out, as there have been extensive changes to the Health and Wellbeing infrastructure, not least the formation of the Health and Wellbeing Board. In addition, new data relating to the population from the census is now available, and it is therefore an ideal opportunity to revisit the approach to the needs assessment.

3. City of London residents will be reflected within the evidence base, and as with previous documents will be the subject of dedicated sections. Additionally, the City of London Corporation has been working on its own City supplement to the JSNA, which will be produced in parallel to the joint Health and Wellbeing Profile.

Current Position

4. Hackney and City's current Health and Wellbeing Profile has been widely praised and accepted as a strong reflection of the health and wellbeing needs of the residents of the City and Hackney. This solid evidence base should be retained however, in line with best practice it is recommended that the following principles should be used in the development of our local model.

   - To use a continuous development approach with sections reviewed on an ongoing basis, investigating a web based publication approach.
   - It supports the development of closer integration of the Health and Wellbeing system across prevention, primary care, community care, secondary healthcare and social care.
   - To change the needs assessment bias, over time, to an asset based approach with less focus on the problems and deficiencies in communities, harnessing potential to improve health within the delivery infrastructure and community.
   - To update with most recent census data.
   - To ensure it reflects the Public Health, Clinical and Social Care outcomes frameworks; and include consideration of Emergency Planning requirements.
   - To review priorities and ensure there is a transparent approach to prioritisation agreed by members of the Health and Wellbeing Board.
   - Incorporate the role and networks within Healthwatch, and
   - Consideration of the integration of public health within the local authority.

5. The Joint Strategic Needs Assessment (JSNA) is a collaborative, strategic, focussed and dynamic process through which current and future health and wellbeing needs of local people are identified. Key elements of the JSNA process which will help to identify those needs are:

   - A prioritisation methodology;
   - involvement and engagement of the local population

6. This will provide a steer to the Health and Wellbeing Board regarding the priorities the Board should consider when it refreshes the City's Health and Wellbeing Strategy.

7. The overall intention is for the JSNA to become a 'driving' document that influences decision-making and institutionalises integrated working, making a serious start towards that direction from this year's JSNA refresh. We expect the process to be further refined in subsequent refreshes, so that the JSNA process brings together local plans, providing coherence to the activities that shape health and wellbeing in City and Hackney.

JSNA Working Group

8. A small Working Group has been set up by LB Hackney to coordinate the JSNA refresh including representatives from LBH, the Corporation of London (CoL), City and Hackney CCG and representatives from Healthwatch Hackney, Healthwatch CoL and the Adults Advisory Group. City and Hackney Public Health team is coordinating the 2013 JSNA Refresh.

Structure

9. It is proposed that the refreshed JSNA will be a web-based document, accessible from both the City of London and LB Hackney's websites, incorporating individual downloadable documents for each chapter of the JSNA. Each web-based document will have a data section and a narrative section. The advantage of having a web-based JSNA with separate chapters will be to make the document less unwieldy and easier for organisations and individuals to search and download. The web-based approach will also allow uploading and refreshing of new data in real-time.

Engagement

10. The consultation framework with projected timelines is set out in Appendix 1. The draft JSNA data will be presented to the Hackney Health and Wellbeing Board at their November meeting, and also to the City's Health and Wellbeing Board if timescales allow.

11. Subsequently a JSNA data summary will be sent to City of London Healthwatch, the Adults Advisory Group, and the Patient and Public Involvement (PPI) Forum of the CCG, to undertake an initial identification of the key priorities for the Health and Wellbeing Board based on their reading of the summary of the draft JSNA data and narrative.

12. The Working Group will complete the Prioritisation Questionnaire (attached as Appendix 2) for each of the top 15 priorities identified, and this will form the basis of discussion at a 'face to face' meeting of public stakeholders, in order to either endorse the existing proposals or suggest new prioritisation proposals.

13. Separate priorities will be generated for Hackney and the City of London

14. The Working Group will then score the final 15 prioritisation proposals for each local authority and forward their prioritisation scoring exercise to the Health and Wellbeing Boards in January 2014 for their consideration.

Proposed Prioritisation framework for the JSNA

15. Priority setting is not an exact science, and evidence is far from the only consideration in any prioritisation exercise.

16. There are many different prioritisation frameworks in existence:
    - Programme Budgeting and Marginal Analysis – PBMA
    - Safe to Invest – from the London Health Observatory

- Multi Criteria Decision Analysis – MCDA

17. The Portsmouth score card, or a modified version of the Portsmouth score card, has been used successfully by many councils, both in London and nationally for JSNA prioritisation.

18. The methodology underpinning the Portsmouth scorecard is Multi Criteria Decision Analysis. The Portsmouth scorecard allows proposals to be scored against a number of weighted criteria. Options can then be given a total score and prioritised accordingly. It is intended to outline a method and approach to support decision-making, rather than providing a definitive answer to priority setting.

19. The Working Group has examined this scoring system, and recommends the use of equal weightings in this year's prioritisation exercise, but acknowledges that the weighting criteria may need to be refined, with the full engagement of stakeholders, in future iterations of the JSNA.

20. The criteria included in the scorecard are:

1.	**Scale of the problem**	How many people does the problem affect in the City of London?
2.	**Impact of the problem on individuals**	What is the impact of having this problem/condition on individuals, their families and carers?
3.	**Performance**	Is there evidence to suggest that the City of London performs less well than it could on this topic?
4.	**Deprivation**	Is the condition/problem more common amongst those living in areas of deprivation or disadvantage?
5.	**Equalities**	Would addressing the problem/condition contribute to advancing equality or eliminating discrimination in groups with the following protected characteristics: age, disability, race/ethnicity, religion or belief, sex/gender, sexual orientation, marriage and civil partnership, pregnancy and maternity
6.	**Evidence**	What evidence is there that the scale or impact of the problem can be effectively reduced?
7.	**Extent of problem**	For which affected communities and stakeholders is this topic a problem?
8.	**Value for money**	What is the current annual spend on this area in the City of London? Is this an area of potential savings?

21. Characteristics of this approach include:
    - It can consider both efficiency and equity
    - It can enable both national and local data to be included
    - It can consider the evidence-base for interventions

- It can explicitly define costs or benefits or both
- It can handle uncertainty
- It has been used successfully, many times before, in England

22. It is proposed that the Working Group will answer the detailed questions in the draft prioritisation template for each prioritisation proposal and bring it to the attention of the City of London's Health and Wellbeing Board for scoring and final prioritisation of the JSNA.

Corporate & Strategic Implications

23. The Health and social Care Act 2012 ("2012 Act") amends the Local Government and Public Involvement in Health Act 2007 ("2007 Act") 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). Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs through the Health and Wellbeing Board.

24. s.116 of the 2007 Act (as amended by section 192 of the 2012 Act requires a local authority and each of its partner CCGs to prepare JSNA and JHWS. Section 116A (as inserted by section 196 of the 2012 Act) provides that these functions are to be exercised by the Health and Wellbeing Board. Although the NHS Commissioning Board (NHSCB) is not a core statutory member of Health and Wellbeing Boards it must participate in JSNAs and JHWSs. The Health and Wellbeing Board also has a duty to involve the public in the preparation of the JSNA and JHWS.

25. The 2012 Act provides that the preparation of the JHWS and JSNA are functions of the Health and Wellbeing Board and so they are not executive functions.

Conclusion

26. The Health and Wellbeing Board has a duty to involve the public in the preparation of the JSNA and this paper has set out our engagement proposal.

Appendices

Appendix 1: Summary Consultation Framework
Appendix 2: Prioritisation Scoring Guidance and Example Scorecard
Appendix 3: The JSNA process in the City of London

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Appendix 1: Summary Consultation Framework

Timeline	Consultation and Engagement Activity
6 November 2013	• Draft JSNA data and commissioned community insight work presented to HWB Board
Early November	• Working group agree initial suggested priorities • JSNA data summary completed for circulation to key stakeholder groups for initial views on priorities. Groups to include: CoL, CCG, City of London Healthwatch, Adults Advisory Group, and PPI Forum of CCG to agree or challenge priorities proposed • Working group to agree the prioritisation exercise for the top priorities identified
Late November/early December	• Face to face consultation with organisations and individuals. • Consultation event to gather stakeholder views on health and wellbeing priorities • Materials posted on website for public response
8 January 2014	• Final draft prioritised list with draft scores to be considered by Health and Wellbeing Board.

Appendix 2: Prioritisation Scoring Guidance and Example Scorecard

CITY OF LONDON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) PRIORITISATION SCORING

SCALE OF THE PROBLEM IN HACKNEY

Question 1: How many people does the problem affect in the City of London?

How this question will be scored
Higher points will be given where large numbers of people are affected. Examples: infant mortality is very rare in the City. Sedentary behaviour is far more common. For example, around 20% of City residents do not do any physical activity or exercise.

IMPACT OF THE PROBLEM ON INDIVIDUALS

Question 2: What is the impact of having this problem/condition on individuals, their families and carers?

How this question will be scored
Higher points will be given where it is common for the impact on those affected and their carers/families to be life threatening or serious, to both physical and mental health and wellbeing. Although infant mortality is ranked low in question 1, it will score highly here.

PERFORMANCE

Question 3: Is there evidence to suggest that the City of London performs less well than it could on this topic?

How this question will be scored
High points will be awarded where there is good evidence that the City of London performs badly, ie where this is confirmed by more than one comparator, and/or sustained over a number of years.

DEPRIVATION

Question 4: Is the condition/problem more common amongst those living in areas of deprivation or disadvantage?

How this question will be scored
Higher points will be awarded where there is demonstrably greater impact on those from deprived areas or backgrounds. Examples are diseases associated with smoking, since the prevalence of smoking is much greater in deprived groups. Some diseases have an ‘inverse’ relationship with deprivation, such as breast cancer.

EQUALITIES

Question 5: Would addressing the problem/condition contribute to advancing equality or eliminating discrimination in groups with the following protected characteristics: age, disability, race/ethnicity, religion or belief, sex/gender, sexual orientation, marriage and civil partnership, pregnancy and maternity

How this question will be scored
Higher points will be awarded to topics which have demonstrable potential to

advance equality or eliminate discrimination in several protected groups. Examples would include issues that are particularly prevalent in specific protected groups, such as diabetes or heart disease in some ethnic minority groups, or areas where services are not deemed accessible to one or more protected group.
EVIDENCE
Question 6: What evidence is there that the scale or impact of the problem can be effectively reduced? **How this question will be scored** High points will be awarded where there is good evidence for interventions that reduce the scale or impact of the problem. Points will also be awarded if there is evidence from good practice.
PRIORITIES
Question 7: What is the extent of this problem? **How this question will be scored** Higher points will be awarded for topics that are priorities for a wide and diverse range of affected communities and stakeholders
VALUE FOR MONEY
Question 8 What is the current annual spend on this area in the City of London? Is this an area of potential savings? **How this question will be scored** High points will be awarded for topics which are known areas of high spend, with clear potential for savings

Example Scorecard

<u>TOPIC A:</u> ……………………..

QUESTION	POSSIBLE SCORE	ACTUAL SCORE
1. SCALE	1, 3 or 5	
2. IMPACT	1, 3 or 5	
3. DEPRIVATION	1, 3 or 5	
4. EVIDENCE	1, 3 or 5	
5. EQUALITIES	1, 3 or 5	
6. PRIORITIES	1 ,3 or 5	
7. PERFORMANCE	1 ,3 or 5	
8. VFM	1, 3 or 5	

		TOTAL SCORE (out of 40)

Appendix 3.