

**ROTHERHAM BOROUGH COUNCIL – REPORT TO
Health and Wellbeing Board**

1.	Meeting	Health and Wellbeing Board
2.	Date:	19th February 2014
3.	Title	JSNA Consultation
4.	Programme Area:	NAS

5. Summary

The JSNA is a statutory duty of the Health and Wellbeing Board (HWBB) to evidence the needs of the citizens of the borough. It is critical for health and social care commissioning, service development and it underpins the Health and Wellbeing Strategy.

On 18th December 2013, the Health and Wellbeing Board endorsed a draft JSNA for consultation with stakeholders which took place between 30th December and 9th February. The new JSNA format was well received and a number of constructive comments and suggestions were made. A revised version of the JSNA will be presented to the HWBB, taking account of the representations received.

The web based approach will allow regular updates of the data in the JSNA. Significant changes will be reported to the HWBB each quarter or by exception.

6. Recommendations

- 6.1 Approve the current version of the Rotherham JSNA, updated following consultation**
- 6.2 Receive quarterly reports of any significant changes included in the JSNA or otherwise by exception**

7. Introduction

7.1 Background

The Joint Strategic Needs Analysis (JSNA) is a statutory duty of the Health and Wellbeing Board (HWBB) under the Health and Social Care Act (2012). The JSNA is developed by the Council in partnership with the Rotherham Clinical Commissioning Group (RCCG), the Voluntary and Community Sector (VCS) and Healthwatch Rotherham (HWR).

The Rotherham JSNA provides a comprehensive needs assessment for the borough and is critical to our understanding of the demographics and needs of citizens. The JSNA is used by commissioners in the development of service specifications and by providers in developing their service offers to commissioners and the citizens of Rotherham. The JSNA also serves as an evidence base for the Health and Wellbeing Strategy.

A refresh of the JSNA was agreed by the HWBB in March 2013 and progress was reported in October and December 2013. A draft JSNA was endorsed for consultation on 18th December and this report sets out the stakeholder response received which will contribute to the final refreshed JSNA.

7.2 JSNA Consultation

A 6 week consultation with stakeholders took place between 30th December 2013 and 9th February 2014. Contributions, comments, suggestions and amendments have contributed to a revised version of the JSNA.

Details of the draft JSNA website were circulated to a range of stakeholders, both statutory and VCS agencies. The JSNA website invited users to complete an online survey about the resource. A well attended VCS consultation session was organised by VAR and REMA at the Unity Centre on 27th January.

7.2.1 JSNA Survey Response

Only 2 survey forms were completed although these did offer some useful feedback. Both stakeholders agreed that the JSNA was more accessible than the previous version although there were differing views about the presentation style.

Additional content was suggested on crime, victims of crime, mental health, loneliness and transport. An additional feature requested was a mechanism for service users to share their experience.

7.2.2 VCS Consultation Session

Around 25 representatives of VCS organisations attended the session held on 27th January. Cllr Wyatt gave an overview of the JSNA and why it is important. After an explanation of how the new JSNA had been developed and

some of the key messages, people were taken through the website content. Comments were made and questions asked as follows:

- Include positive news about what has worked/changed for the better
- Clarify method of submitting data/feedback/information
- Link to emerging issues needs adding
- Communities of Interest: Veterans – were Christine Majer, British Legion, SAFA and MCVV involved in research, add domestic violence
- Communities of Interest: add domestic violence and LAC and family/adult learning even if links to where information already is
- Need section on transitions (perhaps would fit best on services):
 - Children to adults services
 - Education to work/worklessness/training
 - Working to jobless
 - Home to homelessness
- New data flag or quarterly summary so that people know what has changed, been added or updated
- Ensure links to education and schools, and reference to pupil premium
- Engagement in education and meeting the needs of the less able
- How services are making an impact – what works?
- Review how disability is covered, with links between sections
- Not everyone can move away from dependence
- Long term conditions – were GPs involved?
- Social prescribing – SHU / VAR research to add
- Disabled children's aspirations could be added
- Prevention and Early Intervention needs more emphasis
- Engaging families, family learning and adult learning need covering
- Poverty: add transport poverty

7.2.3 Response to Consultation

The consultation was generally positive and stakeholders appreciated the value of being able to contribute to a live process rather than be limited by a fixed document which soon becomes dated. Comments and suggestions made were constructive and will help to develop the JSNA into a more relevant resource. None of the comments have changed the key messages from the JSNA although some of the underlying detail has been enhanced.

Suggested additional content such as the Social Prescribing research will be included in the JSNA provided it is reliable and well evidenced. Additional content on crime, victims of abuse, mental health, loneliness, learning and transport poverty will be added.

Some comments reflected a lack of clarity about which section covered various issues or how cross cutting themes such as disability are dealt with. This can often be resolved by links between different sections and these will be reviewed and added where required. The search function can always be used to find references to any subject.

Further consideration is required under the Services section, notably on child to adult transitions between services. Caution is needed when providing more detail and emphasis on services as the JSNA is primarily an evidence base of needs rather than how organisations respond. The outcome will be reported back to the HWBB at the first quarterly update.

7.3 Directory of Assets

A new requirement for the JSNA is to include a register of community assets which can include individual people, community resources, groups and physical buildings. An asset register as described in previous reports to HWBB will be developed in 2014 with progress reported in JSNA updates.

8. Finance

There are no financial implications arising from this report

9. Risks and Uncertainties

That should the JSNA not be refreshed and constantly updated then the Health and Wellbeing Strategy becomes invalid and no longer fit for purpose.

That should partners not fully participate or provide capacity of service experts to update the JSNA, it would not be of the required standard.

10. Policy and Performance Agenda Implications

The JSNA is a statutory responsibility of the Health and Wellbeing Board.

11. Background Papers and Consultation

Local Government and Public Involvement with Health Act 2007

Health and Social Care Act 2012

Health and Wellbeing Strategy 2012

JSNA 2011

Health and Wellbeing Board reports on JSNA Refresh in March, October and December 2013

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