

Joint Strategic Needs Assessment Annual Report

Appendix 1:

Nottingham City Joint Strategic Needs Assessment: policy and process

April 2016

Policy

Background

From 1 April 2013, the Nottingham City Health and Wellbeing Board has the legal responsibility to produce the Joint Strategic Needs Assessment (JSNA) under the Health and Social Care Act 2012.

Purpose of JSNA

JSNAs are local assessments of current and future health, wellbeing and social care needs that could be met by the local authority, Clinical Commissioning Groups (CCGs), or the NHS England.

The aim of a JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It is used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

Duties and Powers relating to JSNAs

The Health & Social Care Act gives the Health & Wellbeing Board a range of duties and powers to ensure the JSNA is produced to accurately reflect the needs and views of the local population. These include the following main elements:

- Powers to request information to assist it carrying out its functions, and members and partners have a duty to provide it.
- Duties and Powers to involve and consult any appropriate person in the preparation of JSNA have due regards to the NHS England mandate.
- Duty to promote the involvement of patients, their carers and representatives in decisions about the provision of health services.
- Duty to have regard to JSNA in the exercise of functions and need to reduce inequalities.
- Duties and Powers to promote the alignment of commissioning plans.
- Duty to promote integration of services, innovation and continual improvement in services and outcomes.

Nottingham City JSNA model

The Nottingham City JSNA model is a systematic review of the health, wellbeing and social care issues facing a population. The JSNA informs local priorities and resource allocation that will improve health and wellbeing and reduce inequalities.

Principles

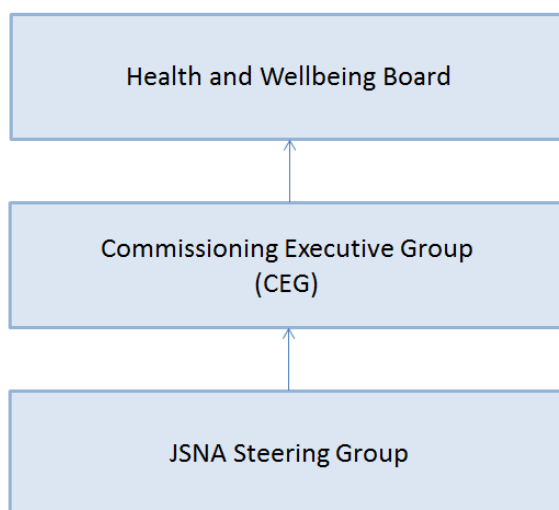
Production of Nottingham City JSNA products is underpinned by the following principles:

- Partnership approach to the JSNA and co-authorship for written JSNA products.
- Engagement and involvement of partners and stakeholders in the whole JSNA process including, but not limited to: citizens, workforce, service users, Healthwatch and the community and voluntary sector.
- Embedding the JSNA within existing commissioning structures and processes.
- Requirement of commissioners to use the JSNA to inform strategy and commissioning

Governance and responsibilities

The statutory JSNA guidance states that Local Authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare JSNAs through the Health and Wellbeing Board.

The formal governance of the JSNA is shown below:



Health & Wellbeing Board

The JSNA is a core statutory function of Health and Wellbeing Boards. In relation to the JSNA, the Nottingham City Health and Wellbeing Board are responsible for:

- Using the JSNA to direct commissioning and policy, at both a partnership level and within individual member organisations
- Influencing and approving the JSNA strategic direction and work plan on an annual basis
- Approving the content of the JSNA on an annual basis

In addition the JSNA is approved annually by Nottingham City CCG (the CCG) Governing Body and Nottingham City Council (NCC).

Commissioning Executive Group (CEG)

The CEG are responsible for ensuring:

- The Steering Group discharge the statutory function of producing a JSNA
- The JSNA is used to inform strategy development and commissioning decisions in NCC and the CCG
- NCC and the CCG fully contribute to the development of the JSNA including identification of resource where required

JSNA Steering Group

The JSNA steering group are responsible for:

- Discharging the statutory function to produce a JSNA for Nottingham City
- Driving innovation and improvement of the JSNA over time
- Provide overall guidance and direction to the JSNA on behalf of the Health and Wellbeing Board and responsible organisations
- Identifying resource to produce the JSNA and its chapters
- Assuring the use of JSNA to inform strategy and commissioning in own organisations
- Championing the wider use of and involvement in JSNA, in members' own and partner organisations
- Prioritising chapters for update or new chapters for inclusion
- Overseeing the balance of chapters within the JSNA
- Ensuring the JSNA is made available to commissioners, partners and the public
- Ensuring the quality and visibility of the JSNA
- Ensuring the JSNA process and content
- Ensuring coverage of protected groups in process and content

The membership of the Steering Group will reflect that of the Health and Wellbeing Board and be drawn from:

- Responsible commissioning organisations (NCC and CCG)
- Organisations that are able to represent the views of citizens, workforce, service users, Healthwatch and the community and voluntary sector.

The Steering Group will be chaired by the Consultant in Public Health JSNA lead.

The Steering Group will meet quarterly and report to CEG biannually or more frequently by invitation

Leadership and coordination

The Director of Public Health will lead the JSNA on behalf of both Nottingham City Council and Nottingham City CCG. A JSNA Coordinator will be nominated from the Strategic Insight function in the local authority.

The Director of Public Health and JSNA Coordinator will work together to lead the project management of the JSNA and identify priorities for the Steering Group agenda.

Process

Nottingham City's JSNA consists of a number of chapters (the 'content'), each focussing on a Health, wellbeing or social care strategic or commissioning priority.

Each chapter follows a standardised needs assessment model to identify and describe key issues regarding the quality, service gaps and/or policy direction.

1. Identification and prioritisation of JSNA content

a) Work planning

An annual work plan of new and refreshed chapters plus other areas for development led by the Steering Group will be approved annually by the Health and Wellbeing Board.

Individual project plans will be developed by the JSNA coordinator (Insight Specialist) to support the delivery of the annual work plan.

Progress of the work plan will be monitored by the Steering Group.

b) Identification of topics not currently included in the JSNA

New topics to be included in the JSNA will be considered by the Steering Group on an annual basis. Topics not currently included will be identified by the Steering Group members by reviewing organisational strategic and commissioning plans. Each proposed topic will be considered for inclusion in the JSNA using agreed prioritisation matrix (see appendix).

Where a decision is made not to include a proposed topic within the JSNA alternative ways of providing evidence to support the agenda will be discussed with the proposer.

c) Review of existing chapters

Alongside proposals for new chapters, all existing JSNA chapters will be considered for refresh annually against agreed prioritisation matrix (see appendix). Chapters last updated more than 3 years ago and deemed not to require refresh will be moved into the JSNA archive.

2. JSNA content development

For each chapter to be developed/ refreshed, the Steering Group will identify an 'owning group'. The role of the Owing Group is to provide expert opinion regarding content and endorse the chapter on behalf of the Steering Group. The Owing Group will be an existing group that has responsibility for strategic oversight of the topic agenda for the CCG and / or NCC. Where possible it should have strategic commissioning responsibilities and multi-agency membership. For chapters where no Owing Group can be identified, a task and finish group with multi agency and expert membership will be established.

As well as providing oversight in the development of the chapter, the Owing Group will be responsible for considering the recommendations contained in the specific JSNA chapter as well as others relevant to the agenda.

The Steering Group and JSNA leads within organisations will identify a lead author for each chapter. Lead authors will have the appropriate skills and knowledge to assess the evidence in order to produce the JSNA chapter. Potential authors include commissioning officers and agenda leads in the CCG and NCC or NCC Public Health Insight Specialists.

An 'owner' will be identified for each chapter by the owning group. In most cases this will be the lead commissioner or Consultant in Public Health. They will have oversight of the development of the chapter and ensuring recommendations are taken forward for consideration in commissioning.

A Project Initiation Document (PID) is completed by the lead author; this will be taken back to the owning group for information and agreement.¹ Blank templates², short guidance notes³ and full support notes⁴ are all available on the JSNA website.

Technical support and oversight will be provided by the Consultants in Public Health, the JSNA Coordinator and the Owner. Lead GPs will be identified by the Owner and CCG for relevant chapters to provide clinical input to the development of the chapter. Authors will be supported by NCC Knowledge and Resources and NCC and CCG Information Analysts who will conduct and provide literature reviews and data analysis as required.

3. Quality assurance of JSNA content

Chapter templates and author guidelines are provided to ensure consistency and quality of JSNA chapters. Each chapter will be peer reviewed against standard criteria⁵ and endorsed by Owing Groups prior to publication.

An ongoing programme of JSNA training for authors and owners will be developed and delivered by the JSNA coordinator and the Public Health Consultant.

¹ Project Initiation Document (PID):

<http://www.nottinghaminsight.org.uk/insight/handler/downloadHandler.ashx?node=125003>

² Blank template:

<http://www.nottinghaminsight.org.uk/insight/handler/downloadHandler.ashx?node=65658>

³ Template with short guidance notes:

<http://www.nottinghaminsight.org.uk/insight/handler/downloadHandler.ashx?node=65893>

⁴ Detailed support notes:

<http://www.nottinghaminsight.org.uk/insight/handler/downloadHandler.ashx?node=66325>

⁵ Quality Review document:

<http://www.nottinghaminsight.org.uk/insight/handler/downloadHandler.ashx?node=124671>

4. Publication and communication

The JSNA will be published and communicated as following:

- JSNA chapters and supporting documents will be published on the Nottingham Insight website and in both web-based and downloadable formats
- Individual chapters will be communicated through Owing Groups
- Steering Group members will champion the JSNA in their teams and organisations and provide training as required.

5. Evaluation and audit

The JSNA programme and content will be evaluated. The focus, frequency and extent of this evaluation will be determined by the Steering Group and CEG. At a minimum the evaluation and audit will include equality impact assessment of both the process and content of the JSNA.

Appendix Nottingham City JSNA prioritisation matrix

Criteria \ Score	HIGH	MEDIUM	LOW	ZERO
Impact (size) – volume, trends, benchmarks	<p>Issue in City has high negative impact on 3 of the below factors:</p> <ul style="list-style-type: none"> • % of City affected • Worsening prevalence or outcomes • Poor relative position of City <p>9 points</p>	<p>Issue in City has moderate negative impact on 2 of the below factors:</p> <ul style="list-style-type: none"> • % of City affected • Worsening prevalence or outcomes • Poor relative position of City <p>6 points</p>	<p>Issue in City has low negative impact on 1 of the below factors:</p> <ul style="list-style-type: none"> • % of City affected • Worsening prevalence or outcomes • Poor relative position of City <p>3 points</p>	<p>Issue in City has no impact in terms of the below factors:</p> <ul style="list-style-type: none"> • % of City affected • Worsening prevalence or outcomes • Poor relative position of City <p>0 points</p>
Impact (severity)	<p>Issue has significant effect on</p> <ul style="list-style-type: none"> • Aspects of health functioning. • Long-term health or social care need. • Cost to HWB commissioners and /or society <p>9 points</p>	<p>Issue has moderate effect on</p> <ul style="list-style-type: none"> • Aspects of health functioning • Long-term health or social care need. • Cost to HWB commissioners and /or society <p>6 points</p>	<p>Issue has minor effect on</p> <ul style="list-style-type: none"> • Aspects of health functioning • Long-term health or social care need. • Cost to HWB commissioners and /or society <p>3 points</p>	<p>Issue has little/no effect on</p> <ul style="list-style-type: none"> • Aspects of health functioning. • Long-term health or social care need. • Cost to HWB commissioners and /or society <p>0 points.</p>
Local commissioning review due	<p>Local commissioning review due in current financial year</p> <p>6 points</p>	<p>Local commissioning review due next financial year</p> <p>4 points</p>	<p>Local commissioning review due in 2 or more years or has just been completed</p> <p>2 points</p>	<p>No specific review due</p> <p>0 points</p>
Significant shift in policy direction, evidence and/ or guidelines, which would be expected to change recommendations	<p>Significant shift</p> <p>6 points</p>	<p>Moderate shift</p> <p>4 points</p>	<p>Minor shift</p> <p>2 points</p>	<p>No shift</p> <p>0 points</p>

Acceptability- Stakeholder, citizen or service user views	Strong evidence of serious concerns on this issue from stakeholders, citizens or service users 6 points	Some evidence of serious concerns on this issue from stakeholders, citizens or service users 4 points	Some evidence of concerns on this issue from stakeholders, citizens or service users 2 points	No evidence of stakeholder, citizens or service user concerns 0 points
Impact (inequalities) – effect on inequalities	Likelihood of major inequalities in population 6 points	Likelihood of moderate inequalities in population 4 points	Likelihood of minor inequalities in population 2 point	Likelihood of no inequalities in population 0 points
Coverage in JSNA	No JSNA chapter written or updated in last 3 years 3 points	JSNA produced or updated in last three years 2 points	JSNA produced or updated in previous financial year 1 point	JSNA written or updated in current financial year 0 points
<p>Maximum points = 45</p> <p>Existing chapters scoring less than 25 will not be refreshed, if more than 3 years old will be moved into JSNA archive. Potential new chapters scoring less than 20 will be rejected.</p>				