

Health and Wellbeing Board–27th August 2014

Title of paper:	Annual report on the Joint Strategic Needs Assessment 2014	
Director(s)/ Corporate Director(s):	Chris Kenny, Director of Public Health	Wards affected: All
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Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)	August 2014	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		x
Deliver effective, value for money services to our citizens		x
Summary of issues (including benefits to citizens/service users):		
This report provides information on the progress of the Joint Strategic Needs Assessment (JSNA) for Nottingham City during 2013/2014 and plans to further develop the JSNA during 2014/15.		
Recommendation(s):		
1	The Board are asked to note the progress which has been made to ensure the continual quality improvements, refresh and accessibility of the Nottingham City Joint Strategic Needs Assessment.	
2	The Board are asked to endorse the proposed plans for further development of the Joint Strategic Needs Assessment.	

1. REASONS FOR RECOMMENDATIONS

The Health and Wellbeing Board is responsible for producing the Joint Strategic Needs Assessment. Statutory guidance for Joint Strategic Needs Assessments requires JSNAs to be regularly updated and outlines the requirements which JSNAs should meet.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Joint Strategic Needs Assessment

Local authorities and clinical commissioning groups have had a statutory duty to deliver a Joint Strategic Needs Assessment since 2007.

The Health and Wellbeing Board approves the Joint Strategic Needs Assessment annually and in Nottingham has delegated the responsibility to manage the JSNA to the Commissioning Executive Group (CEG). The CEG is a working group to develop aligned, joint and integrated commissioning. It feeds into three formal bodies; the Health and Wellbeing Board, the City Council Executive Commissioning Sub-Committee and the Clinical Commissioning Group.

Government reforms have placed emphasis on an expanded role for the Joint Strategic Needs Assessment including ensuring that the links between the JSNA, the Health and Wellbeing Strategy and commissioning plans are clear and embedding involvement and engagement with partners, public and the voluntary sector within the Joint Strategic Needs Assessment process.

Joint Strategic Needs Assessments should be easy to use and understand. They should be used routinely by commissioners to ensure that commissioning plans are developed from a robust and objective intelligence and evidence base, and to justify their commissioning decisions. They should be used by local partnerships to help identify local needs and priorities for their populations, and providers of care and treatment to identify local needs and opportunities to support their business plans. The general public, patients and their representatives (including Healthwatch) should be encouraged to contribute their experience and opinions to JSNAs.

Together, the Joint Strategic Needs Assessment and Health and Wellbeing Strategy should be used to understand the health and wellbeing needs of different populations in Nottingham City, what public organisations are going to do, and what difference this will make.

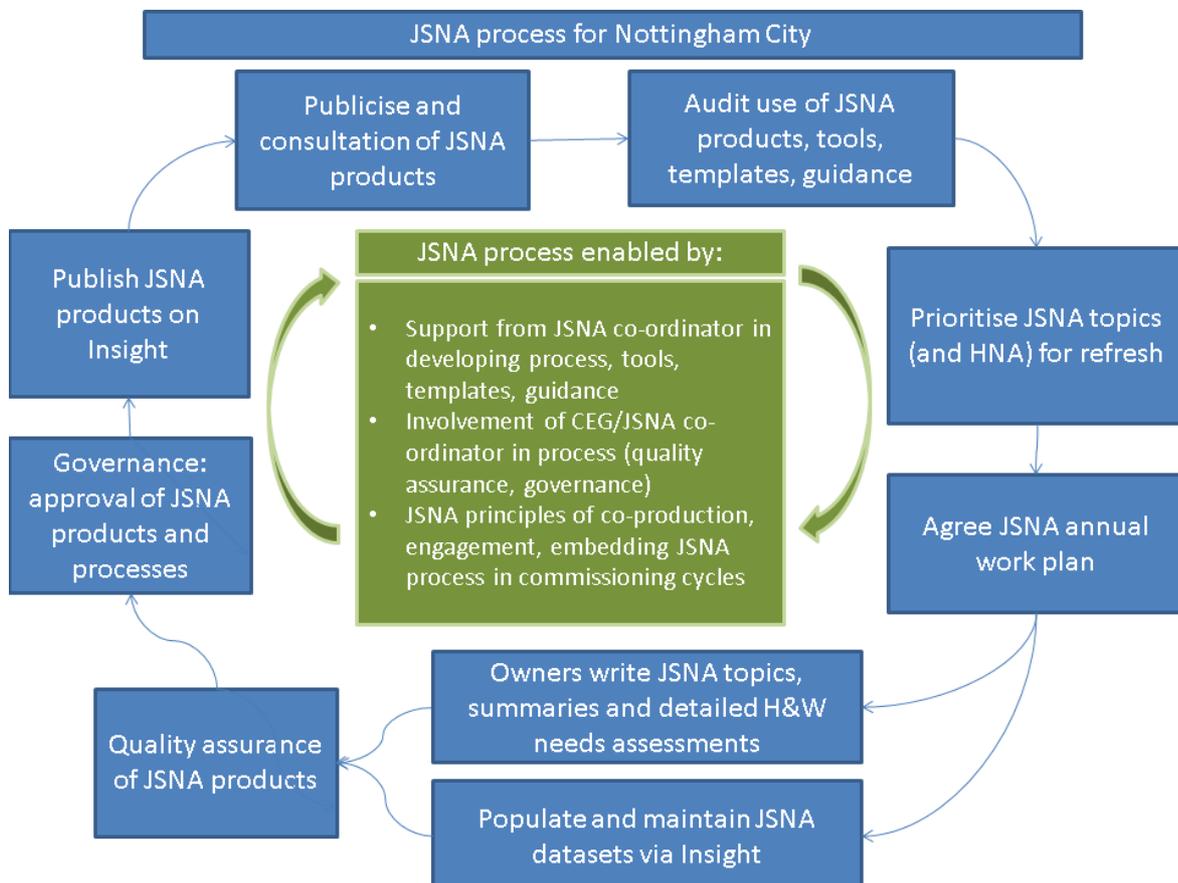
Our Nottingham City Joint Strategic Needs Assessment should enable us to understand, improve and address people's health and wellbeing. It should help determine our Health and Wellbeing Strategy, our commissioning plans and how we address inequalities. Through our JSNA process we hope to achieve:

- Delivery of high quality JSNA products
- Confidence in and use of JSNA products
- Clarity of priority issues
- Understanding of gaps in knowledge
- Strengthened partnership approach
- More informed, effective and integrated commissioning

JSNA process and governance

The Health and Wellbeing Board approves the Joint Strategic Needs Assessment annually and has delegated the responsibility to manage the JSNA to the Commissioning Executive Group (CEG). This group ensures that the appropriate resources are available for its development and co-ordination. The CEG is supported by the lead public health consultant and the JSNA co-ordinator.

Joint Strategic Needs Assessment is a process. It is not just a document or a website. It needs to be a clear process whereby a consensus is reached in the light of the available evidence. The JSNA process is outlined below.



Progress and development of the JSNA in 2013/2014

Work areas for the Joint Strategic Needs Assessment come under three main themes: JSNA governance and process, the JSNA local information system and the JSNA topic chapters and summary refreshes. Information on progress for each of these work areas is described below.

a) Group ownership of JSNA chapters

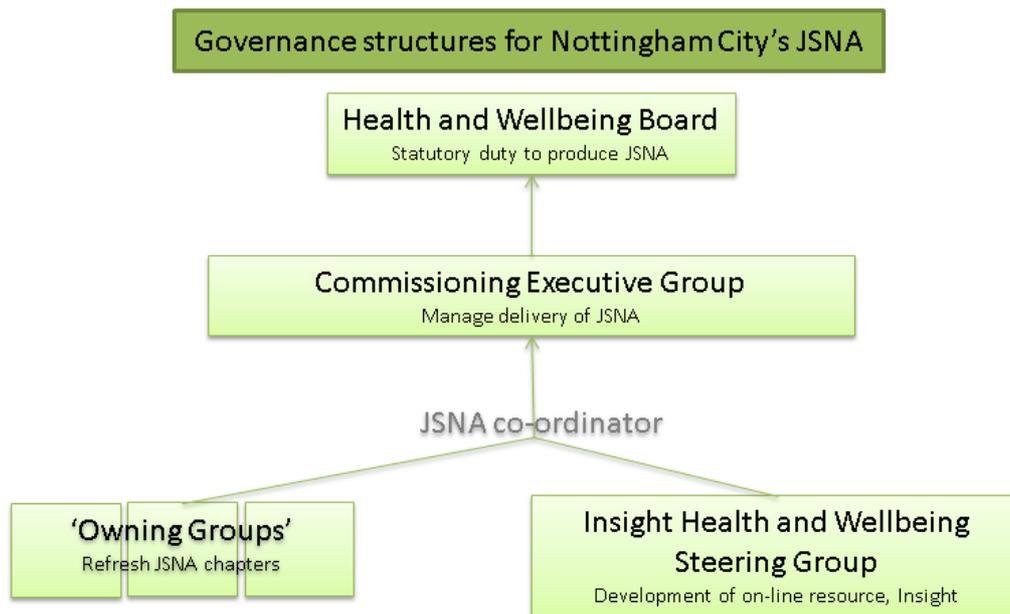
Each Joint Strategic Needs Assessment topic chapter is now 'owned' by a group with strategic commissioning responsibilities and multi-agency membership, usually an integrated commissioning group. The role of the owning group is to identify authors to refresh or develop chapters, provide expert opinions regarding content and to endorse the Joint Strategic Needs Assessment chapter. This new approach is anticipated to improve quality through wider involvement and better integration into commissioning cycles. It should enhance commitment to support the Joint Strategic Needs Assessment and provide clarity of priority issues.

b) Revised JSNA template

The template for the JSNA chapters, which provides a consistent structure and guidance for authors, has been revised and updated further to feedback from users and authors.

c) New peer review process

A new peer review procedure has been established which involves peer critical appraisal of JSNA topic chapters against specific criteria in order to ensure JSNA topics chapters meet accepted quality standards. The quality reviews are carried out in a supportive and constructive manner with suggestions and recommendations for improvements wherever possible.



d) Establishment of the Nottingham Insight Steering Group

Our Joint Strategic Needs Assessment process delivers a range of JSNA products including topic chapters (there are 48 chapters in the Nottingham City JSNA), an executive summary, detailed datasets, maps, and a document library. These are published on a web-based system; Nottingham Insight. Development of Insight is co-ordinated and managed by the Insight Health and Wellbeing Steering Group which has been established this year. The aim of the group is to oversee the development of effective on-line sharing of data and intelligence through Insight to meet the needs of JSNA and wider health and wellbeing intelligence requirements across Nottingham City Council.

e) Updated JSNA chapters

The table in Appendix A shows which sections have been refreshed or are expected to be completed in 2014/15. All the completed Joint Strategic Needs Assessment topics listed above can be accessed via <http://www.nottinghaminsight.org.uk/insight/jsna/jsna-home.aspx>

Proposed developments for the JSNA in 2014/2015

The following further developments are planned:

- a) The establishment of a small steering group for the JSNA which will be accountable to the Commissioning Executive Group.
- b) Further support to newly established 'owning groups' will continue in 2014/2015 to ensure they understand and can implement their new responsibilities for JSNA topic chapters.
- c) A work programme is being developed for Nottingham Insight which includes: the development of the internet pages to improve the content and usability; updating and maintaining the JSNA area of Insight and how the user views the Joint Strategic Needs Assessment documents; reviewing and improving the data, profiles and the document library; clarifying the roles of partners in maintaining and developing Insight; communications and training.

- d) There are a number of JSNA topic chapters which are due to be refreshed in 2015/16(see appendix A).The schedule of refresh will be negotiated with owning groups for each topic chapter.
- e) Developing wider stakeholder engagement in the JSNA process, particularly with the voluntary and community sector and Healthwatch.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

Not applicable

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

Ongoing financial commitment to Nottingham Insight is assumed.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

If the JSNA is not easily usable, of good quality or accessible it may not be fully considered by commissioners in decisions regarding commissioning or decommissioning of services. In addition, in view of the challenging financial times, evidence in the JSNA regarding unmet needs or competing priorities may not be taken into consideration.

These risks are being mitigated by ensuring quality assurance processes are in place and that governance for JSNA chapters is extended to appropriate strategic commissioning groups. This will help to ensure that our commissioning decisions are based upon a robust and objective intelligence and evidence base.

6. EQUALITY IMPACT ASSESSMENT

- Has the equality impact been assessed?
- Not needed (report does not contain proposals or financial decisions)
- No
- Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

7.1 Appendix A: JSNA topic chapter refresh status as at August 2014

Life course	JSNA topic chapter	Due date	Status
Cross cutting	Executive summary	Jul-14	COMPLETED
Cross cutting	Demographic, social and environmental context	Jul-14	COMPLETED
Cross cutting	Smoking	2014	In progress
Cross cutting	Diet and nutrition	2015	In progress
Cross cutting	Obesity	2015	In progress
Cross cutting	Physical activity	2015	In progress
Cross cutting	Housing	TBA	Not started
Cross cutting	Homelessness	2016	Not due
Cross cutting	Life Expectancy	2016	Not due
Cross cutting	Carers	2016	Not due
Children and Young People	Children's mental health	Oct-14	In progress
Children and Young People	Maternities & pregnancy	Oct-14	In progress
Children and Young People	CYP disabilities and learning difficulties	2014/15	In progress
Children and Young People	Teenage pregnancy	2014/15	In progress
Children and Young People	Safeguarding	2014/15	Not started
Children and Young People	Children's avoidable injuries	2015	In progress
Children and Young People	Children's dental health	2015	In progress
Children and Young People	CYP substance misuse	2015	Not started
Children and Young People	Child Poverty	TBA	Not started
Children and Young People	Immunisations & vaccinations	TBA	Not started
Children and Young People	Priority families	TBA	Not started
Children and Young People	Children in Care	2016	Not due
Adults	Domestic violence	2014	COMPLETED
Adults	Communicable diseases: Hep B & C	17-Sep-14	In progress
Adults	Sexual Health	16-Sep-14	In progress
Adults	Adult mental health	31-Oct-14	In progress
Adults	Adult learning disabilities	2014/15	In progress
Adults	Adult physical and sensory impairment	2014/15	In progress
Adults	Adult mental wellbeing	2014/15	In progress
Adults	Suicide	2014/15	In progress
Adults	Asylum Seekers/Refugees/Migrant Workers	2014/15	In progress
Adults	Cancer	2014/15	In progress
Adults	Adult Oral Health	2015	In progress
Adults	Alcohol	2015	Not started
Adults	Adult problem drug use	2015	Not started
Adults	Students	TBA	Not started
Adults	Cancer screening	TBA	Not started
Adults	Cardiovascular disease	Information governance regulations delaying progress	
Adults	COPD	Information governance regulations delaying progress	
Adults	Diabetes	Information governance regulations delaying progress	
Adults	Offenders (in the community)	TBA	Not started
Older people	Stroke & TIA	2013	COMPLETED
Older People	Dementia	Sep-14	In progress
Older people	Excess winter deaths	Sep-14	In progress
Older people	Falls and bone health	Jan-15	In progress
Older people	Healthy Ageing (formerly complex needs of OP)	2015	Not started
Older people	Care home residents	2016	Not due
Older people	End of Life	TBA	Not started

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 None

