

HEALTH AND WELLBEING BOARD - 30th September 2015

Title of paper:	Annual report on the Joint Strategic Needs Assessment 2015	
Director(s)/ Corporate Director(s):	Alison Challenger, Interim Director of Public Health Colin Monckton, Director of Commissioning, Policy and Insight	Wards affected: All
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Date of consultation with Portfolio Holder(s) (if relevant)	18/09/15	
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		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input checked="" type="checkbox"/>
Integrated care: Supporting older people		<input checked="" type="checkbox"/>
Early Intervention: Improving Mental Health		<input checked="" type="checkbox"/>
Changing culture and systems: Priority Families		<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
This report provides information on the progress and development of the Joint Strategic Needs Assessment (JSNA) for Nottingham City during 2015/2016. The JSNA evidence contributes towards improving health and wellbeing and reducing inequalities.		
Recommendation(s):		
1	The board are asked to note the progress which has been made to ensure the continual refresh and quality improvement of the Joint Strategic Needs Assessment	
2	The board are asked to endorse the proposed plans for further development of the Joint Strategic Needs Assessment	
	How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):	
	The JSNA incorporates several detailed needs assessments covering mental health needs, and this evidence directly informs health and wellbeing strategy formulation and	

commissioning.

1. REASONS FOR RECOMMENDATIONS

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

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 Nationally, the Joint Strategic Needs Assessment was confirmed by the Health and Social Care Act 2012 as an on-going duty and a Health and Wellbeing Board responsibility. The local authority and the CCG have an equal duty to produce a Joint Strategic Needs Assessment through the Health and Wellbeing Board and to use it in the formulation of The Joint Health and Wellbeing Strategy. This paper is designed to give the Health and Wellbeing Board an update on current status of the Joint Strategic Needs Assessment and development activities in Nottingham City. Appendix 1 outlines Nottingham City's Joint Strategic Needs Assessment status as at September 2015.

Nottingham Approach

- 2.2 Our Joint Strategic Needs Assessment is produced collaboratively by colleagues in public health, social care, the CCG and the Crime and Drugs Partnership. There are nearly 50 needs assessments covering clinical topics such as diabetes and mental health, behavioural topics such as smoking and alcohol, and vulnerable client group chapters such as children in care. All the needs assessments have an 'owning' group which signs off the update and also contribute to the development and authorship of chapters. All the needs assessments follow a standard template, based on the healthcare needs assessment model and is made available on the Nottingham Insight website. The lead author completes a PID (Project Initiation Document) which identifies the scope of the chapter, the range of people that will need to contribute information and the deadline for the chapter. Deadlines are suggested by owning groups and lead authors in order of priority need e.g. in order to be available in time to inform commissioning reviews or strategies. The deadlines relate to drafts being submitted to their owning group. Following this, there may be further amendments made prior to final sign off by owning groups.

Governance

- 2.3 A Joint Strategic Needs Assessment steering group was reformed in 2015 which reflects the Health and Wellbeing Board membership. The Steering Group sets the direction and oversees the maintenance and development of the Joint Strategic Needs Assessment. The steering group reports into CEG and then into the Health and Wellbeing Board. Regular updates on progress and developments are provided by the coordinator to the JSNA steering group, CEG, CCG governing body and the Health and Wellbeing Board.

Current Status and Update Progress for 2015/16

- 2.4 We aim for a minimum three year refresh cycle, with approximately a third of the needs assessments being updated each financial year rather than all at once. We

can also update at any time if some new information comes out. It is therefore an ongoing, iterative process. We are currently undergoing a significant programme of updating with 34 chapters requiring update this year. This is ambitious but good progress has already been made on many of them: 7 already published, 24 in progress. It is proposed that children's and adult dental health, and child poverty, are rolled forward to next year in order to ensure available capacity. See appendix 1 for more detail on current status. We anticipate publishing the majority that are due in the 2015/16 financial year, or early in 2016/17.

Informing the Health and Wellbeing Strategy

- 2.5 In line with the national JSNA and JHWS (Joint Health and Wellbeing Strategy) guidance, the findings in the JSNA are being used to develop the health and wellbeing strategy, which is being refreshed in 2016. An evidence summary has been developed which summarises the main health issues locally and is being used to inform the public and stakeholder engagement exercise.

Development: Improved Involvement of the Community and Voluntary Sector

- 2.6 National Joint Strategic Needs Assessment guidance states that public and patient views, and those of the voluntary and community sector, should be captured and presented within the Joint Strategic Needs Assessment. The Hostels Liaison Group (who administrate the provider forum for the Health and Wellbeing Board) and HealthWatch are leading a small project to develop a 'Joint Strategic Needs Assessment compact'. This will be a document explaining to groups what the Joint Strategic Needs Assessment is, why they might want to get involved and how they can provide information. Manchester has led this work nationally and we will build on their experiences.

Development: Protected Groups (e.g. ethnicity, sexual orientation, disability) coverage in the Joint Strategic Needs Assessment

- 2.7 A review has been carried out by public health and fed into the steering group, of how well protected groups (e.g. ethnicity, sexual orientation, and disability) are considered in our Joint Strategic Needs Assessment, and across other areas of the country. The findings were that there was great variation across the country but our current coverage is broadly average. The group identified a need to improve this aspect of our JSNA. This work will be taken forward by the Commissioning Executive Group, with ethnicity being focussed on in the first instance. A summary document will be produced bringing together the current coverage of ethnicity in the JSNA, highlighting the gaps and presenting some options to ultimately improve the coverage across all the protected characteristics. It is proposed that a decision on the next steps be made by the CEG at the October meeting.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 Not applicable

4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

- 4.1 Ongoing financial commitment to Nottingham Insight is assumed.

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

- 5.1 If the JSNA is not up to date and of good quality, 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.
- 5.2 These needs are mitigated by ensuring the JSNA steering group has regular oversight of the updating and development of the Joint Strategic Needs Assessment.

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 1: Nottingham City JSNA status, as at September 2015

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

- 8.1 Department of Health (2013). Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.