



## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **GUIDANCE FOR THE APPROVAL OF JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTERS**

#### **Purpose of the Report**

1. To review and approve the process for Health and Wellbeing Board approval of new and refreshed JSNA chapters.

#### **Background and Information**

2. The JSNA in Nottinghamshire is the evidence base which describes local health and wellbeing needs by which to inform commissioning priorities across the local system and the local Health and Wellbeing Strategy.
3. The JSNA is published on [Nottinghamshire Insight](#) which contains a wealth of diverse resources which are publically accessible.
4. Following the approval of the Joint Health and Wellbeing Strategy 2018-2022 in December 2017, the Health and Wellbeing Board considered governance arrangements for executing its statutory duties at a workshop in February 2018.
5. At the workshop Health and Wellbeing Board members identified that the Board should exercise a more direct role in driving the development of the JSNA. Board members supported the JSNA vision which would mean:
  - The Health and Wellbeing Board defining topics & prioritising them for refresh
  - Health and Wellbeing reports will be expected to reference the JSNA
  - The Health and Wellbeing Board will identify owning groups for JSNA chapters prior to their development
  - A flexible approach to populations within the JSNA to fit with the emerging system landscape
  - Developing a range of JSNA products to meet the needs of a wider audience
  - Scrutiny of the application and utilisation of the JSNA
  - Health and Wellbeing Board to approve all draft JSNA chapters
6. Since then, the JSNA Steering Group has been established as a formal sub group of the Health and Wellbeing Board.
7. In June the Health and Wellbeing Board agreed to be accountable for reviewing and approving each draft JSNA chapter subsequent to endorsement by the owning group. Where appropriate, the Children's Trust will be included as part of the consultation process prior to approval by the Board.

8. The Health and Wellbeing Board will retain overall responsibility for the JSNA process and have the opportunity to contribute to the full breadth of JSNA evidence.

### **The JSNA process and quality assurance**

9. Prior to presentation to the Health and Wellbeing Board for approval each chapter will go through a rigorous, quality assured process prior which will include:
  - Oversight and endorsement by an owning group – usually a partnership group with strategic and / or commissioning responsibilities and expertise in the topic.
  - Presentation in line with a standardised structure for chapters to ensure consistency of evidence presented.
  - Support and guidance for JSNA authors from the JSNA co-ordinator throughout the process
  - Literature review to ensure latest published evidence is included
  - Analytical support from the Public Health intelligence team and Performance, Intelligence & Policy Team
  - Independent quality review with feedback incorporated into the final draft prior
10. Once chapters have been through this process they will be loaded on to Nottinghamshire Insight as 'draft subject to approval by the Health and Wellbeing Board'.

### **The JSNA chapter approval process**

11. A number of JSNA chapters are in currently in progress and it is anticipated that a number will be ready for approval by the Board at the meeting in November 2018:
  - Cancer
  - Self-harm
  - Gypsy Roma Travellers.
12. The Board will receive a covering report with a summary for each JSNA chapter and a link to the draft chapter on Nottinghamshire Insight. This will be supported by a presentation by the chapter author to outline key recommendations from the chapter.
13. In order to give members sufficient time to consider the chapters before the meeting it is proposed that links to the draft chapters be sent to Board members by email following approval of the agenda at the Health and Wellbeing Board pre-agenda meeting. This will be followed by a full report (including an executive summary of each chapter) and formal confirmation within the usual democratic services administration cycle.

### **Questions for consideration when reviewing JSNA chapters for approval**

14. Each JSNA chapter presented to Board will have been through the quality assurance processes outlined above. With this in mind, members are asked to consider the questions below for JSNA chapters presented for approval.
15. Each chapter will set out the issues around each topic supported by independent evidence which will form the basis of the recommendations presented. It is fundamental to the credibility of the JSNA process that it remains impartial and evidence based.

16. In reviewing each chapter members should consider the following prior to approval:
- Does the chapter make clear the nature and scale of the issue for people in Nottinghamshire and its impact on health and wellbeing?
  - Is the interpretation of the available evidence reasonable?
  - Do the recommendations link back to the issues identified and flow from what the evidence shows?
  - Are recommendations sufficiently specific to inform an action/commissioning plan to address the issues raised?
  - Is the ongoing strategic ownership of the recommendations clear?

### **Other Options Considered**

17. The proposals are intended as guidance for Board members when reviewing JSNA chapters.

### **Reason/s for Recommendation/s**

18. To give Board members some guidance when considering new or updated JSNA products for approval as they are presented.

### **Statutory and Policy Implications**

19. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

20. There are no financial implications arising from this report.

## **RECOMMENDATION/S**

1. That Board members consider and approve the process outlined and the guidance given in preparation for receiving JSNA chapters for approval at the November 2018 meeting.

**Jonathan Gribbin**  
**Director of Public Health**

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### **Constitutional Comments (LM 07/08/2018)**

21. The Health and Wellbeing Board is the appropriate body to consider the contents of the report

**Financial Comments (DG 08/08/2018)**

22. The financial implications are contained within paragraph 21 of this report.

**Background Papers and Published Documents**

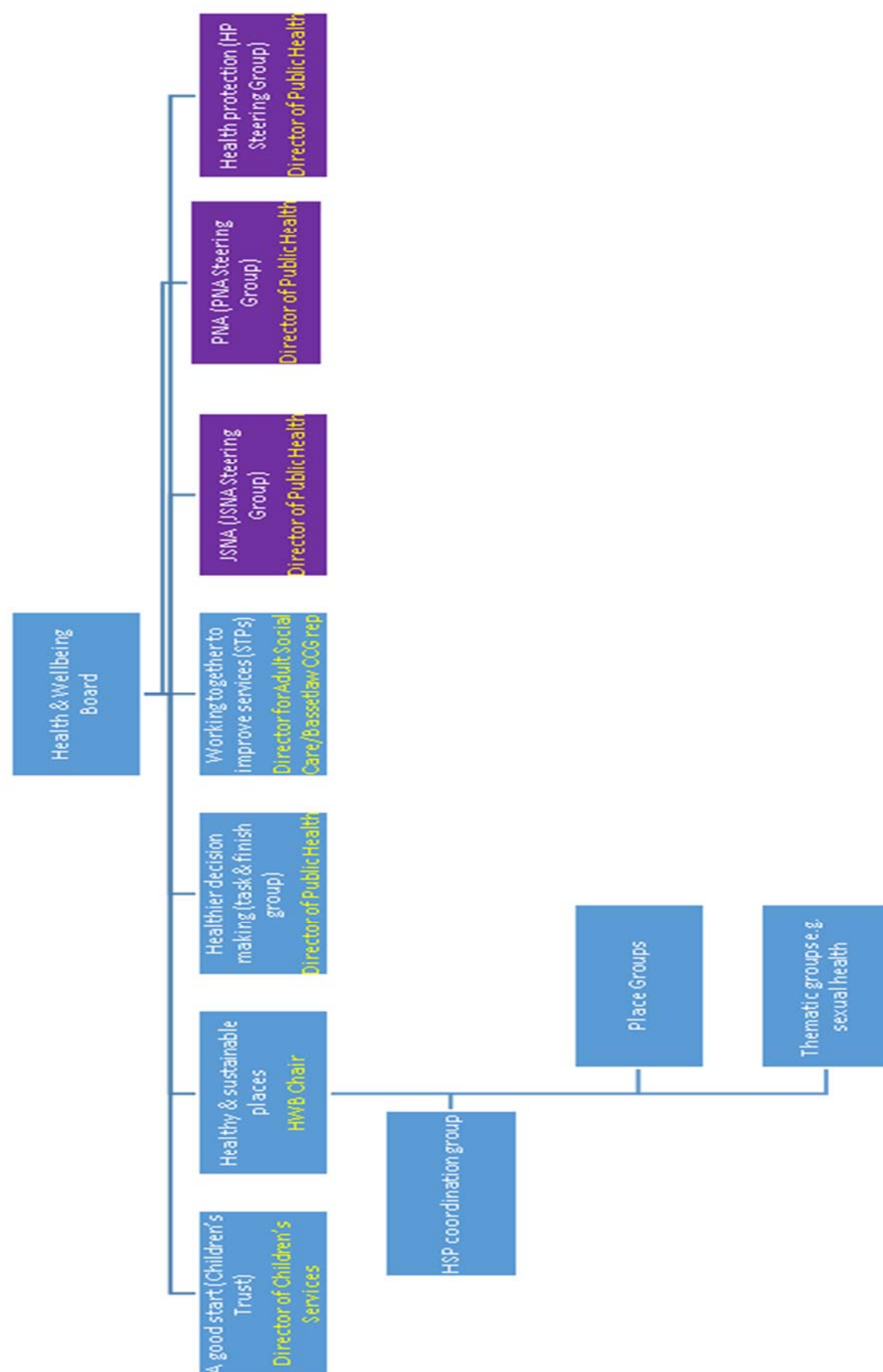
Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Appendix 2: JSNA chapter refresh status

**Electoral Division(s) and Member(s) Affected**

All

## Appendix 1: Health and Wellbeing Board supporting structures



## Appendix 2: JSNA chapter refresh status

JSNA topic chapter	Refresh stage	HWS priority
<b>Cross cutting themes</b>		
Self-harm	In progress, completion expected 3 months	Mental wellbeing including dementia
Disability: autism	In progress, completion expected 2018	
Housing, homelessness and excess winter deaths	Refresh due to begin 2018	Warmer safer homes
Carers	Refresh under consideration	Carers
Avoidable injuries	Refresh under consideration	
JSNA executive summary	Completed and approved in 2017	
The People of Nottinghamshire: population, demography & wider determinants	Completed and published in 2018	
oral health	Not scheduled for refresh	
Tobacco	Not scheduled for refresh	Tobacco
Health Impacts of Air Quality	Not scheduled for refresh	
Diet and nutrition	Not scheduled for refresh	Food environment
Obesity/Excess weight	Not scheduled for refresh	
Physical activity	Not scheduled for refresh	Physical Activity
Health care associated infections in community settings	Not scheduled for refresh	
Substance misuse: alcohol and drugs	Not scheduled for refresh	Substance misuse (drugs and alcohol)
<b>Children and Young People</b>		
Early years	In progress, completion expected 3 months	
Pregnancy	In progress, completion expected 2018	
Disability	In progress, completion expected 2018	
Looked after Children and care leavers	In progress, completion expected 2018	
Emotional H&W	Refresh due to begin 2018	A good start in life
Safeguarding	Refresh under consideration	A good start in life
Community safety for CYP	Refresh under consideration	A good start in life
Children not accessing full educational entitlement	Refresh under consideration	
Young offenders	Refresh under consideration	
Teenage pregnancy	Completed and approved in 2017	

Child Poverty	Not scheduled for refresh	A good start in life
<b>Adults</b>		<b>HWS priority</b>
Cancer	In progress, completion expected 3 months	
Disability: Learning disability	In progress, completion expected 2018	
Disability: autism	In progress, completion expected 2018	ASD/Asperger's
Sexual health	In progress, completion expected 2019	Sexual health
Domestic and sexual violence and abuse	Refresh due to begin 2018	Domestic abuse and sexual violence
Communicable diseases: Hep B & C	Completed and approved in 2017	
Stroke	Completed and approved in 2017	
Adult & older people's mental health and wellbeing	Completed and approved in 2017	Mental wellbeing including dementia
Gypsies and travellers	Completed and approved in 2018	
Physical disability & sensory impairments	Not scheduled for refresh	
Long-term conditions / multiple morbidities	Not scheduled for refresh	
Suicide prevention	Not scheduled for refresh	Mental wellbeing including dementia
Workplace Health and wellbeing	Not scheduled for refresh	Mental wellbeing including dementia
<b>Older People</b>		
Dementia	Refresh under discussion	Mental wellbeing including dementia
End of Life Care	Completed and approved in 2017	Compassionate communities supporting those at the end of life
Falls and bone health	Not scheduled for refresh	
Loneliness	Not scheduled for refresh	
Ageing well	Not scheduled for refresh	