

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

### **JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) PROGRESS & DEVELOPMENT**

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

1. To update the Health & Wellbeing Board regarding the progress and development of the Nottinghamshire Joint Strategic Needs Assessment (JSNA) in 2019/20. This includes an annual work programme update and key outcomes following a review of the JSNA governance, process and products.
2. To request the input of Board members in proposing emerging issues of joint interest and strategic importance followed by a formal prioritisation process to determine the 2020/21 JSNA work programme.

#### **Information**

##### **Background**

3. The JSNA is a statutory responsibility of the Health & Wellbeing Board, including its development, application, access and use by wider partners. It is the process for collating an authoritative statement about the current and future health & wellbeing needs of people in Nottinghamshire, and the evidence base about what works to address these needs. This informs the Joint Health & Wellbeing Strategy (for which the local authority and Clinical Commissioning Groups are jointly and statutorily responsible) and the joint action and commissioning priorities of partner organisations. The term 'JSNA' is also frequently used to refer to the topic chapters which result from this process. The JSNA for Nottinghamshire County comprises 44 topic chapters and other supporting information which is published on [Nottinghamshire Insight](#).
4. Nottinghamshire's first JSNA was published in 2008. The Health & Social Care Act 2013, the emergence of the Nottingham & Nottinghamshire Integrated Care System and South Yorkshire & Bassetlaw Integrated Care System, and other changes to local NHS commissioning represent important changes to the context in which the JSNA is used. The JSNA process needs to adapt to properly address these arrangements.

5. The JSNA Steering Group, which is established as a sub-group of the Health & Wellbeing Board and whose role is to facilitate the JSNA on behalf of the Board, agreed a project brief in late 2018 for the Public Health & Commissioning Manager (JSNA) to review the Nottinghamshire JSNA governance, process and products in order to determine its strengths and provide suggestions to the Steering Group for any possible areas of improvement. Key outcomes from this review are incorporated in this paper with an annual work programme update.

### **Annual update on the JSNA work programme**

6. Following the approval of the Joint Health & Wellbeing Strategy 2018-22 in December 2017, the Health & Wellbeing Board considered governance in executing its statutory duties, including the JSNA, at a workshop in February 2018. In September 2018, Board members received the following guidance about issues for consideration when approving JSNA chapters:
  - a. Is there a clear and reasonable rationale expressed in support of any conclusions drawn and interpretation made with regards to the data?
  - b. Is it clear what the issues are for the people of Nottinghamshire from each chapter topic? There may be national evidence presented but this may not reflect local needs.
  - c. Do the issues for the Nottinghamshire population identified within the chapter clearly link to the recommendations made?
  - d. Have the impacts on health and wellbeing outcomes been expressed as part of identifying what should be done next?
  - e. Does the narrative connect the commentary about health and wellbeing priorities to potential commissioning decisions and health and wellbeing outcomes?
  - f. Are recommendations sufficiently detailed and specific enough to inform an action / commissioning plan for implementation to address the issues raised?
  - g. Is strategic ownership of the recommendations clear?
7. The Health & Wellbeing Board started formally receiving JSNA chapters for approval at their November 2018 meeting. Since November 2018, a total of eleven JSNA chapters have been presented to the Board for their final approval, as described below.

2018/19 work programme:

- Substance Misuse: Young people and adults (2018)

2019/20 work programme:

- Sexual Health and HIV (2019)
- Cancer (2019)
- Autism (2019)
- Self-harm (2019)
- Avoidable injuries in children and young people (2019)
- Domestic Abuse (2019)
- Learning Disabilities (2019)

- 1001 days: From conception to age 2 (2019)
  - Health and homelessness (2019)
  - Early years and school readiness (2019)
8. The remaining 2019/20 work programme of upcoming new and refreshed JSNA chapters to be completed include:
- Oral Health (*expected completion early 2020*)
  - Tobacco (*expected completion early 2020*)
  - Children & Young People's Emotional Health & Wellbeing (*expected completion mid 2020*)
  - Children & Young People with Special Educational Needs & Disabilities (SEND) (*expected completion mid/late 2020*)
  - Dementia (*expected completion mid/late 2020*)

## **Key outcomes and implications from the review of the JSNA governance, process and products**

### *Developing JSNA guidance and supporting documentation*

9. A large proportion of the JSNA guidance and supporting documentation was developed in 2013 and had not been substantially reviewed or updated since this time. During 2019, consultations have been held with authors following completion of JSNA chapters to seek their feedback and ideas for improving the JSNA process and products.
10. A refresh of all JSNA guidance and supporting documents has now been completed. These were approved by the JSNA Steering Group in meetings held in June and September 2019. A full list of all updated JSNA guidance and supporting documents are detailed in Appendix 1 and are available on Nottinghamshire Insight. The JSNA Steering Group will now ensure all guidance and supporting documents are reviewed annually and the Board will be informed of any substantial changes.

### *JSNA Steering Group engagement*

11. Due to variable attendance at the JSNA Steering Group, the terms of reference were reviewed. This focussed most notably on membership, to ensure appropriate partners are represented from across Nottinghamshire. The meeting frequency was also amended to quarterly, to ensure more regular attendance.

### *Involvement of the Children & Families Alliance*

12. The Children & Families Alliance requested some oversight of newly approved chapters with implications for children, young people and families. Relevant chapters are being presented to the Children & Families Alliance following their approval by the Health & Wellbeing Board. This is primarily with the intention of determining how the Children & Families Alliance may be able to support any of the recommendations. A first trial of this has taken place with the *Self Harm*, *Domestic Abuse* and *Avoidable Injuries* chapters, all of which were approved in March 2019. This approach will be kept under review to ensure it remains appropriate and effective.

### *Developing JSNA related products*

13. Nottinghamshire County Council's public health colleagues have been working with their respective colleagues in Nottingham City Council to align their JSNAs with the emerging Nottingham & Nottinghamshire Integrated Care System (ICS) functions and geography. Work in progress includes collaborating on the production of a suite of sample ICS JSNA products to include the *Emotional & Mental Health of Children & Young People* chapter (expected completion mid-2020) and other population health management products such as Primary Care Network Health & Care Profiles (completed in November 2019).
14. A summary infographic of a JSNA chapter was proposed to be a useful tool once a chapter has been approved to share the key findings and increase knowledge and engagement with the topic and the JSNA. A one-page infographic JSNA product was initially trialled based upon the *Sexual Health and HIV* JSNA chapter. Feedback was received from multiple partners and incorporated into the final version which can be found in Appendix 2. Infographics will now be produced for all newly approved JSNA chapters.

*Developing a topic identification and prioritisation process to determine the 2020/21 JSNA work programme*

15. Since November 2018, the Health & Wellbeing Board has been directly involved in the final stage of the JSNA approval process. However there is also the need for members to have a pivotal role in driving the initial development of the JSNA work programme.
16. Historically, the Health & Wellbeing Board has secured insufficiently clear and timely steer from partners about topics of joint interest and strategic importance. JSNA chapters were included in the work programme as and when lead authors advised the JSNA Co-ordinator that they were planning to write or refresh a chapter. In order to develop the 2020/21 JSNA work programme, the Health & Wellbeing Board is invited to support the development of a more senior, strategic steer regarding proposing JSNA chapters that reflect emerging issues of joint interest and strategic importance across Nottinghamshire.
17. Once emerging issues of joint interest and strategic importance have been proposed, it is intended to trial an annual prioritisation process with the JSNA Steering Group overseeing this. A draft prioritisation matrix has been developed (Appendix 3) to formally assess JSNA chapter proposals based upon various factors such as upcoming commissioning intentions, changes in national strategies, emerging issues, local priorities and areas of increasing need. Using this matrix, proposed topic ideas will be assessed by the JSNA Steering Group in March 2020 and as a result the 2020/21 work programme will be proposed.
18. Required input from the Health & Wellbeing Board in this process would be as follows:
  - a. Health & Wellbeing Board members to refer to their organisation's strategic plan and commissioning intentions to identify topics of joint interest and strategic importance, and submit these suggestions by 3 February 2020. Board members will be fully supported in this process via the two Public Health & Commissioning Managers for JSNA and Health & Wellbeing Board.
  - b. Health & Wellbeing Board members to review and approve the resultant JSNA 2020/21 work programme at their meeting in May 2020.

## **Other Options Considered**

19. The proposal is based on the requirement to develop the current JSNA process to ensure all JSNA products are aligned to joint strategic commissioning intentions, strategies or a framework for action in order to fulfil the statutory duty.

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

20. To seek Board members approval for a new topic identification and prioritisation process to drive the future JSNA work programme, noting the respective need for Board members to input into this process.

## **Statutory and Policy Implications**

21. 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**

22. There are none arising from this report.

## **RECOMMENDATION/S**

- 1) That Health & Wellbeing Board members input into the development of the 2020/21 JSNA work programme by referring to their organisation's strategic plan and commissioning intentions to identify topics of joint interest and strategic importance and submit these suggestions by 3 February 2020.
- 2) Health & Wellbeing Board members to review and approve the resultant JSNA 2020/21 work programme at their meeting in May 2020.

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**Constitutional Comments (SS 19/112019)**

23. The Board is the appropriate body to consider the content of this report.

#### **Financial Comments (DG 19/11/19)**

24. There are no direct financial implications arising from 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.

- [Guidance For the Approval of Joint Strategic Needs Assessment \(JSNA\) Chapters](#)  
September 2018

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

- All

## **APPENDIX 1.**

### **NOTTINGHAMSHIRE JSNA SUPPORTING DOCUMENTS AND GUIDANCE**

In 2019 the Nottinghamshire JSNA guidance and supporting documents were updated or developed and signed off by the JSNA Steering Group as follows:

Documents updated:

- JSNA chapter Project Initiation Document (PID) (*approved 25 June 2019*)
- JSNA chapter full report template (*approved 25 June 2019*)
- JSNA chapter author guidance and support (*approved 25 June 2019*)
- JSNA literature request form, developed in collaboration with Nottingham City Council colleagues (*approved 25 June 2019*)
- JSNA quality review framework (*approved 18 September 2019*)
- JSNA steering group terms of reference (*approved 18 September 2019*)
- JSNA owning group guidance (*approved 18 September 2019*)

New documents:

- JSNA chapter planning template (*approved 25 June 2019*)
- JSNA chapter timeline & milestones for Health & Wellbeing Board (*approved 25 June 2019*)

Within these updated or new documents there have been no substantial changes to the overall content and layout of the JSNA chapter.

Changes have involved slight amendments to the formatting and structure to improve readability, design and consistency across chapters.

Support documents have been enhanced to hopefully improve the overall process and products. For example, owning groups having a clearer explanation of their role and a more detailed quality review framework has been developed to outline factors that contribute to a high quality JSNA chapter.

## APPENDIX 2. SUMMARY INFOGRAPHIC



**Nottinghamshire  
County Council**



### The Sexual and Reproductive Health of Nottinghamshire (2019)

#### What is sexual health?

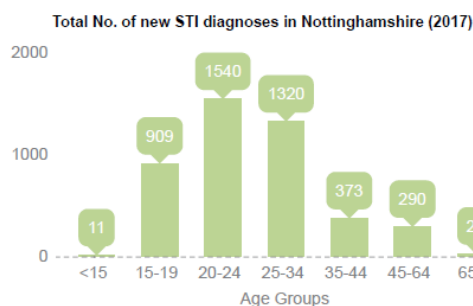
Sexual health is often viewed with stigma and only relating to sexually transmitted infections (STIs). Sexual health is a state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

There were **4,740** diagnoses of new STI's in 2018 in Nottinghamshire. This number has **remained relatively stable** over the last few years.

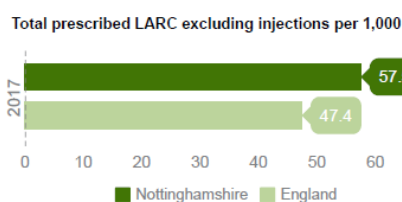


of STIs in 2017 were **chlamydia diagnoses**. Rates of chlamydia detection are lower than national and regional rates.

**Young people are more likely to be diagnosed** with an STI.



Nottinghamshire has **higher rates of Longer Acting Reversible Contraception (LARC)** prescriptions than the national average. There is variation across Nottinghamshire as to whether prescriptions come from sexual health services or General Practice.



#### Key Message

**Promoting good sexual health** and having effective treatment services is a **collective responsibility** across

a range of stakeholders including the Local Authority, Clinical Commissioning Groups, NHS England, primary care, pharmacies, schools and voluntary sector.

**Collaboration is vital** in order to meet the needs and preferences of local people.



You can find the full Sexual Health and HIV (2019) Joint Strategic Needs Assessment (JSNA) chapter on Nottinghamshire Insight: [www.nottinghamshireinsight.org.uk](http://www.nottinghamshireinsight.org.uk)



## APPENDIX 3.

### DRAFT NOTTINGHAMSHIRE JSNA PRIORITISATION MATRIX

| SCORE<br>CRITERIA                                                                                                       | HIGH                                                                                                                                                                                                                                                              | MEDIUM                                                                                                                                                                                                                                                                | LOW                                                                                                                                                                                                                                                              | ZERO                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Impact (size)</b> <ul style="list-style-type: none"> <li>• Volume</li> <li>• Trends</li> <li>• Benchmarks</li> </ul> | <b>Points = 9</b><br>Issue in County has high negative impact on <b>3 of the below factors</b> : <ul style="list-style-type: none"> <li>• % of County affected</li> <li>• Worsening prevalence or outcomes</li> <li>• Poor relative position of County</li> </ul> | <b>Points = 6</b><br>Issue in County has moderate negative impact on <b>2 of the below factors</b> : <ul style="list-style-type: none"> <li>• % of County affected</li> <li>• Worsening prevalence or outcomes</li> <li>• Poor relative position of County</li> </ul> | <b>Points = 3</b><br>Issue in County has low negative impact on <b>1 of the below factors</b> : <ul style="list-style-type: none"> <li>• % of County affected</li> <li>• Worsening prevalence or outcomes</li> <li>• Poor relative position of County</li> </ul> | <b>Points = 0</b><br>Issue in County has no impact in terms of the below factors: <ul style="list-style-type: none"> <li>• % of County affected</li> <li>• Worsening prevalence or outcomes</li> <li>• Poor relative position of County</li> </ul> |
| <b>Impact (severity)</b>                                                                                                | <b>Points = 9</b><br>Issue has significant effect on: <ul style="list-style-type: none"> <li>• Aspects of health functioning</li> <li>• Long-term health or social care need</li> <li>• Cost to HWB commissioners and /or society</li> </ul>                      | <b>Points = 6</b><br>Issue has moderate effect on: <ul style="list-style-type: none"> <li>• Aspects of health functioning</li> <li>• Long-term health or social care need</li> <li>• Cost to HWB commissioners and /or society</li> </ul>                             | <b>Points = 3</b><br>Issue has minor effect on: <ul style="list-style-type: none"> <li>• Aspects of health functioning</li> <li>• Long-term health or social care need</li> <li>• Cost to HWB commissioners and /or society</li> </ul>                           | <b>Points = 0</b><br>Issue has little / no effect on: <ul style="list-style-type: none"> <li>• Aspects of health functioning</li> <li>• Long-term health or social care need</li> <li>• Cost to HWB commissioners and /or society</li> </ul>       |
| <b>Impact (inequalities)</b> <ul style="list-style-type: none"> <li>• Effect on inequalities</li> </ul>                 | <b>Points = 6</b><br>Likelihood of major inequalities in population                                                                                                                                                                                               | <b>Points = 4</b><br>Likelihood of moderate inequalities in population                                                                                                                                                                                                | <b>Points = 2</b><br>Likelihood of minor inequalities in population                                                                                                                                                                                              | <b>Points = 0</b><br>Likelihood of no inequalities in population                                                                                                                                                                                   |
| <b>Local commissioning review due</b>                                                                                   | <b>Points = 6</b><br>Local commissioning review due within a year                                                                                                                                                                                                 | <b>Points = 4</b><br>Local commissioning review due within the next 2 years                                                                                                                                                                                           | <b>Points = 2</b><br>Local commissioning review due in 2 or more years or has just been completed                                                                                                                                                                | <b>Points = 0</b><br>No specific reviews due                                                                                                                                                                                                       |

| SCORE<br>CRITERIA                                                                                                                                                         | HIGH                                                                                                                                   | MEDIUM                                                                                                                               | LOW                                                                                                                          | ZERO                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>Significant shift in policy direction, evidence and / or guidelines, which would likely change recommendations</b>                                                     | <b>Points = 6</b><br>Significant shift                                                                                                 | <b>Points = 4</b><br>Moderate shift                                                                                                  | <b>Points = 2</b><br>Minor shift                                                                                             | <b>Points = 0</b><br>No shift                                                                        |
| <b>Identified priorities</b> <ul style="list-style-type: none"> <li>• <b>Strategic priorities</b></li> <li>• <b>Stakeholder, citizen or service user views</b></li> </ul> | <b>Points = 6</b><br>Strong evidence of serious concerns and prioritisation of this issue from stakeholders, citizens or service users | <b>Points = 4</b><br>Some evidence of serious concerns and prioritisation of this issue from stakeholders, citizens or service users | <b>Points = 2</b><br>Some evidence of concerns and prioritisation of this issue from stakeholders, citizens or service users | <b>Points = 0</b><br>No evidence of stakeholder, citizens or service user concerns or prioritisation |
| <b>JSNA coverage</b>                                                                                                                                                      | <b>Points = 3</b><br>No JSNA chapter written or updated in the last 4 or more years                                                    | <b>Points = 2</b><br>JSNA produced or updated in last 2-3 years                                                                      | <b>Points = 1</b><br>JSNA produced or updated in the previous year                                                           | <b>Points = 0</b><br>JSNA written or updated in current year                                         |
| <b>Current level of knowledge and insight into the local community health and wellbeing needs around the topic area</b>                                                   | <b>Points = 3</b><br>Very limited/no insight and understanding of the local picture                                                    | <b>Points = 2</b><br>Limited insight and understanding of the local picture                                                          | <b>Points = 1</b><br>Some insight and understanding of the local picture                                                     | <b>Points = 0</b><br>Detailed insight and understanding of the local picture                         |
| <p>Maximum points = 48</p> <p>Chapters scoring less than 25 will be rejected. If they are more than four years old, they will be moved into the JSNA archive.</p>         |                                                                                                                                        |                                                                                                                                      |                                                                                                                              |                                                                                                      |