

3 September 2014**Agenda Item: 7****REPORT OF THE ASSOCIATE DIRECTOR OF PUBLIC HEALTH****ANNUAL REPORT ON THE JOINT STRATEGIC NEEDS ASSESSMENT 2014****Purpose of the Report**

1. This report provides information on the progress of the Joint Strategic Needs Assessment (JSNA) for Nottinghamshire during 2013/2014 and plans to further develop the Joint Strategic Needs Assessment during 2014/15.

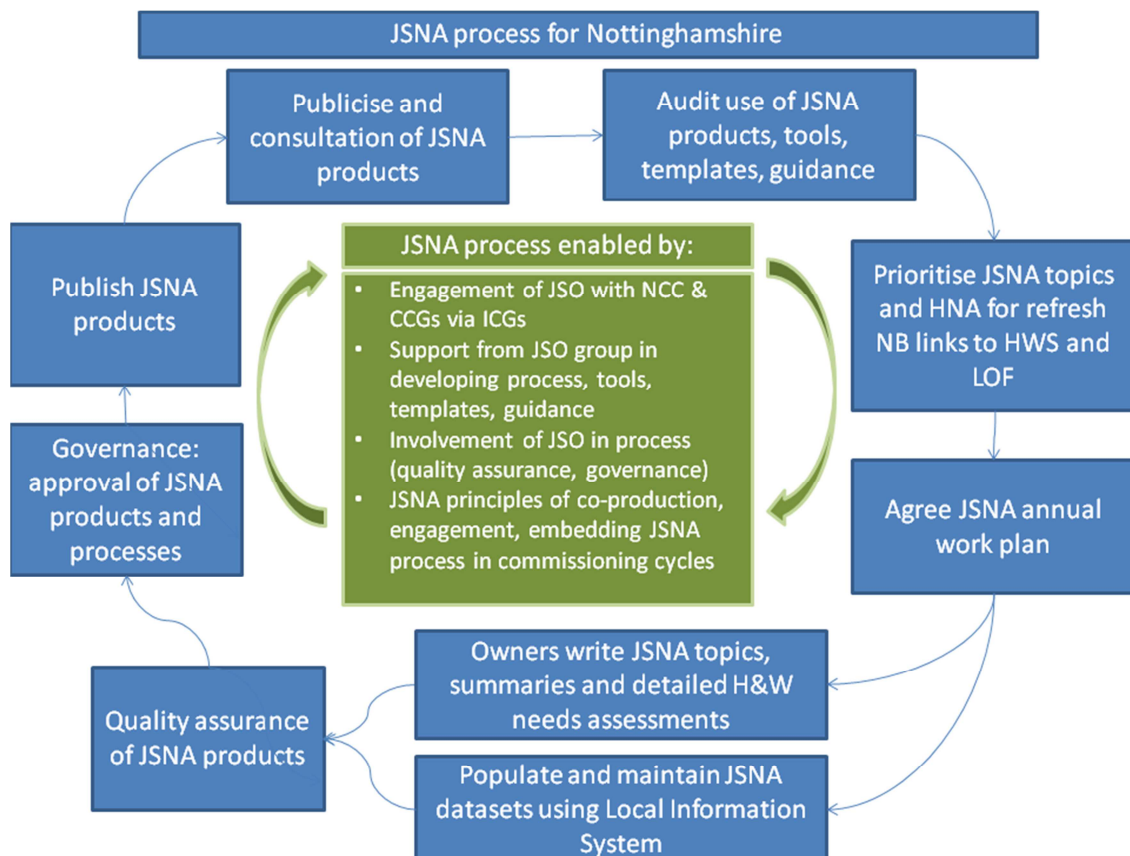
Information and Advice**Introduction and context**

2. The current Joint Strategic Needs Assessment (JSNA) has been jointly developed by NHS and Local Authority partners over the past five years. Government reforms have now placed a new emphasis on an expanded role for the Joint Strategic Needs Assessment particularly regarding: ensuring links between the Joint Strategic Needs Assessment, 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.
3. In addition, services will continue to be commissioned in challenging financial times and in order to do this effectively, the commissioning plans will be developed from a robust and objective intelligence and evidence base.
4. The Joint Strategic Needs Assessment objectives:
 - The JSNA should be easy to use and understood.
 - Commissioners and Commissioning Groups should routinely use the JSNA to inform and justify their commissioning decisions.
 - Local District Partnerships should use the JSNA to help identify local needs and priorities.
 - Providers of care and treatment will be able to use the JSNA to obtain information about 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 the JSNA. Together the JSNA, Health and Wellbeing Strategy (HWS) and Local Outcomes Framework (LOF) should be used to understand the health and wellbeing needs of different populations in Nottinghamshire County; what public organisations are going to do and what difference this will make.

5. The JSNA should enable Council, Clinical Commissioning Groups (CCGs) and wider stakeholders to understand, improve and address people’s health and wellbeing: determine the HWS, Commissioning Plans and how inequalities are to be addressed. Through the JSNA process it is hoped 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 effective, integrated, targeted commissioning

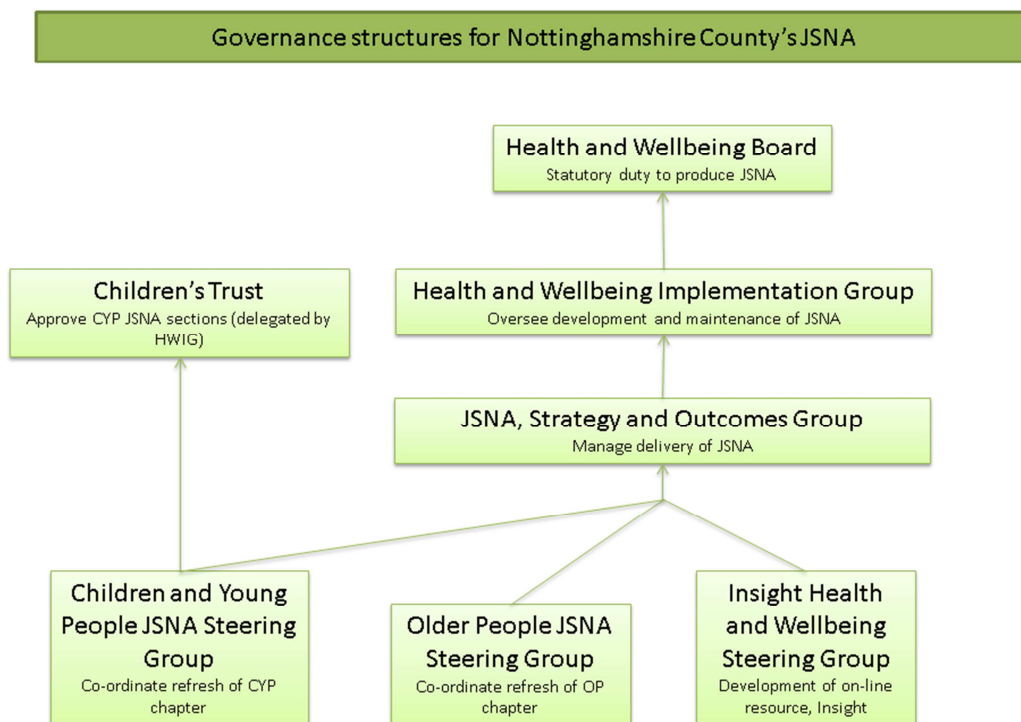
6. The JSNA is a process. It is not just a document or a website. It needs to be a clear process whereby a consensus is reached in the light of the available evidence. The principles by which the JSNA is delivered include: joint ownership and co-production; engagement with partners and public; embedding the process in the commissioning cycle; and making clear links between JSNA, HWS and LOF and other outcomes frameworks.



7. Work areas for the JSNA come under three main themes: governance and process; topic and section refreshes; and Local Information System. This report presents progress over the past 18 months and development plans for each of these work areas.

Joint Strategic Needs Assessment governance

8. The overall governance for the JSNA has developed over the past year and is presented in the diagram below. The HWB approves the JSNA annually and the Health and Wellbeing Implementation Group (HWIG) oversee the development and maintenance of the JSNA on behalf of the HWB. HWIG (or a delegated authority such as the Children’s Trust) approves individual JSNA topics which have been refreshed during the year. The Health and Wellbeing: JSNA, Strategy and Outcomes Group (JSO) is responsible for delivering the JSNA. It monitors the JSNA process, quality and content and ensures that the appropriate resources are available for its development and management. The Health and Wellbeing: JSO is supported by a number of groups which co-ordinate the delivery of specific areas of the JSNA.
9. Each JSNA topic is ‘owned’ by a group with strategic commissioning responsibilities and multi-agency membership, preferably 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 endorse their JSNA chapter prior to final approval by the HWIG. This new approach is anticipated to improve quality through the following benefits: wider involvement; better integration into commissioning cycles; enhanced commitment to support the JSNA; and clarity of priority issues.



Joint Strategic Needs Assessment process

10. Developments have been made to the JSNA process over the past year to improve the consistency and quality of the JSNA products. A standard template with guidance has been introduced for JSNA topics. This template informs the interactive JSNA pages on Nottinghamshire Insight (see below). A peer review process has also been established by which officers across the Council review final drafts of JSNA topics. Reviewers are prompted by specific quality review questions and guidance. Feedback from an audit of these developments has been very positive.
11. Further plans for 2014/15 include developing wider stakeholder engagement in the JSNA process, particularly with the voluntary and community sector and Healthwatch.

Joint Strategic Needs Assessment topic and section refreshes

12. The table in Appendix A shows which sections have been refreshed since March 2013 or are expected to be completed in 2014/15. 46 topics have been refreshed over the past 15 months. A further 17 are expected to be refreshed by early 2015. All the completed JSNA topics listed above can be accessed via <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx>.
13. There are a number of additional topics within the JSNA which are due to be reviewed for refresh after March 2015 and include a wide range of topics such as cancer, disability and coronary heart disease.

Joint Strategic Needs Assessment local information system: Nottinghamshire Insight

14. The JSNA process delivers a range of JSNA products: topic summaries, executive summary, CCG/district summaries, detailed datasets, maps and a document library. Nottinghamshire County Council has recently commissioned the JSNA products to be delivered via a web-based interface, Nottinghamshire Insight. Development of Insight is co-ordinated and managed by the Insight Health and Wellbeing Steering Group. 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 requirements across Nottinghamshire County Council.
15. A work programme is being developed and includes: the development of the internet pages for Insight to improve the content of the pages and how the user moves around and between the different pages; updating and maintaining the JSNA area of Insight and how the user views the JSNA documents; reviewing and improving the data, profiles and the document library; clarifying the roles of partners in maintaining and developing Insight and communications and training.
16. Nottinghamshire Insight will be formally launched at a future HWB stakeholder event.

JSNA: Summary of development plans for 2014/15

Developments plans for the JSNA are summarised as:

- further support to 'owning groups' to ensure they understand and can implement their responsibilities for JSNA topic chapters;

- continue the ongoing refresh of JSNA topic sections;
- implement the work programme for Nottinghamshire Insight to improve the experience for users in finding resources, the content of Insight and the role of partners in developing Insight;
- develop wider stakeholder engagement in the JSNA process, particularly with the voluntary and community sector and Healthwatch.

Statutory and Policy Implications

17. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working 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

18. There are no financial implications in this report.

RECOMMENDATION/S

The Health & Wellbeing Board is asked to:

- 1) Note the work programme in place and the progress being made to ensure the continual quality improvements, refresh and accessibility of the Joint Strategic Needs Assessment.
- 2) Invite expressions of interest from members in being involved in the development of the JSNA.
- 3) Approve the proposed plans for development of the Joint Strategic Needs Assessment

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Constitutional Comments (SLB 14/08/2014)

19. The Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (NS 14/08/14)

20. There are no specific 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.

- None

Electoral Divisions and Members Affected

- All

Appendix A

Joint Strategic Needs Assessment topic refresh: progress since March 2013		
JSNA chapter	JSNA section	Refresh date
Children and Young People		
	Population and Demography: Current population & projected population Ethnicity Religion or belief Births and life expectancy Special Educational Needs and Disability Young carers Socio-economic profile Child poverty	Approved 2013
	Health: Childhood vaccination and immunisation Maternity and Early Years Breastfeeding and Healthy Start Child oral health Emotional health and well-being Teenage pregnancy Transitions Health needs of young offenders Experience of maternity services Disability Health of looked after children	Approved 2013 Approved July 2014 Approved July 2014 Approved July 2014 Approved July 2014 Approved July 2014 Completed June 2014 Completed June 2014 Due 2014 Due 2014 Due 2014
	Lifestyles: Tobacco control Substance misuse Participation in the community and in recreation Library usage Excess weight Sexual health	Approved 2013 Approved July 2014 Due 2014
	Education and attainment: Early years School attendance and exclusions Quality of education provision Educational attainment Educated otherwise than at school NEET Skills levels	Approved 2013
	Safety: Safeguarding children Sexual exploitation Missing children Looked after children Recorded crimes committed against children Domestic violence Interventions with families Youth justice Bullying and e-safety	Approved 2013

Adults		
	Domestic abuse	Approved March 2014
	Sexual violence	Due to be completed August 2014
	Communicable diseases: Hepatitis B & C	Due to be completed August 2014
	Sexual health	DUE 2014
	Substance misuse: alcohol and drugs	DUE 2015
Older people		
	Excess winter deaths	Approved March 2014
	Dementia	Approved March 2014
	End of Life Care	DUE 2015
	Mobility and falls (incl Physical activity)	DUE 2015
	Loneliness	DUE 2015
Cross cutting themes		
	Road Safety	Approved Sept 2013
	The People of Nottinghamshire: population, demography & wider determinants	Approved March 2014
	Housing	Due to be completed August 2014
	Carers (adults and OP)	Due to be completed August 2014
	Tobacco control	Due to be completed August 2014
	Health Impacts of Air Quality	DUE 2014
	Health care associated infections in community settings	DUE 2014
	Diet and nutrition	DUE 2015
	Obesity	DUE 2015
	Physical activity	DUE 2015
Summaries		
	Executive summary	DUE 2014
	CCG/District overview	DUE 2014