

PLYMOUTH CITY COUNCIL

Subject: Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy Guidance

Committee: Health and Wellbeing Board

Date: 5 September 2013

Cabinet Member: Councillor Sue McDonald

CMT Member: Carole Burgoyne, Director for People

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Ref: HWB/JSNA I

Key Decision: No

Part: I

Purpose of the report:

This report illustrates how the Joint Strategic Needs Assessment (JSNA) can assist the Health and Wellbeing Board with identifying outcomes and evidence-based interventions in relation to its agreed strategic priorities. The report also describes the role of the JSNA as a vehicle for involving the local community in an on-going and continuous discussion about its health and wellbeing priorities.

The JSNA steering group has been formed to develop the JSNA and the purpose of this report is to formalise the relationship of the Health and Wellbeing Board to the JSNA Steering Group.

The aim of the Joint Strategic Needs Assessment Steering Group is to direct the production of the Joint Strategic Needs Assessment for Plymouth which will inform the production of Plymouth's Joint Health and Wellbeing Strategy. The Board will ensure that this work stream is appropriately resourced and performance managed.

The Brilliant Co-operative Council Corporate Plan 2013/14 -2016/17:

By appropriately resourcing the JSNA steering group the Board will ensure that the JSNA process is -

- Democratic, by ensuring a democratically accountable overview of the JSNA process;
 - Responsible, by ensuring that the Board adheres to its Statutory Duty to prepare the Joint Strategic Needs Assessment;
 - Fair - The Board will ensure that the JSNA process is open and transparent
 - Developed in Partnership - the Board will invite all partners to contribute toward the JSNA process.
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Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

The JSNA steering group is currently operational; any additional costs will be met from existing resources.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

An accountable and robust JSNA process is essential for the delivery of a Joint Health and Wellbeing Strategy which supports city, council and partners priorities.

Equality and Diversity

Has an Equality Impact Assessment (EIA) been undertaken? No

The JSNA will form an important evidence base which will inform the preparation of EIAs more generally.

Recommendations and Reasons for recommended action:

That the Plymouth Health and Wellbeing Board agree –

1. to delegate the preparation and refresh of the Joint Strategic Needs Assessment to the Director for Public Health (DPH);
2. to assist the DPH in the preparation / refresh of the JSNA, the JSNA steering group is formalised as a sub-group to the Health and Wellbeing Board and will include members from partner agencies represented at the Board;
3. the JSNA will be refreshed annually with findings being presented to the Health and Wellbeing Board at its second quarterly meeting of the year in the form of the Plymouth Report;
4. the JSNA steering group assist the Health and Wellbeing Board in the preparation of the Joint Health and Wellbeing Strategy by providing clear measures of progress against agreed priorities so that the Board may be held to account over time;
5. the JSNA steering group's terms of reference and membership including, but not limited to, those listed in the Terms of Reference.

Alternative options considered and rejected:

The Board could undertake the preparation of the JSNA, however this would require a disproportionate amount of time at full Board meetings and would prevent good management of the meeting.

The preparation of the JSNA is a statutory requirement of the Health and Social Care Act 2012.

Published work / information:

- Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies – March 2013 <http://tinyurl.com/c9qfvbv>
- Diagram to show the explicit link from evidence to service planning in JSNAs and JHWSs – March 2013 <http://tinyurl.com/c9qfvbv>
- Summary table of the duties and powers introduced by the Health and Social Care Act 2012 relevant to JSNAs and JHWSs – March <http://tinyurl.com/c9qfvbv>

Sign off:

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|---|-----|-----|-----|------------|---------|----|-----|--------|-----|----|---------|---------------|-----|
| Fin | N/A | Leg | N/A | Mon Off | N/ A | HR | N/A | Assets | N/A | IT | N/ A | Strat Proc | N/A |
| Originating SMT Member – Interim Deputy Director of Public Health | | | | | | | | | | | | | |
| Has the Cabinet Member(s) agreed the contents of the report? Yes | | | | | | | | | | | | | |

Summary of Statutory Guidance for Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

1.0 Joint Strategic Needs Assessment (JSNA)

- 1.1 JSNAs are assessments of the current and future health and social care needs of the local community. These are needs that could be met by the Local Authority (LA), Clinical Commissioning Groups (CCGs) or NHS England. JSNAs are produced by the responsible LA for an area in partnership with relevant CCGs, a duty discharged through the Local Health and Wellbeing Board and are unique to each local area. Health and Wellbeing Boards (HWB) will also need to consider wider factors that impact on their communities' health and wellbeing and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances
- 1.2 A range of quantitative and qualitative evidence should be used in JSNAs. Qualitative information can be gained via a number of avenues, including but not limited to views collected by the local Healthwatch organisation or by local voluntary sector organisations, feedback given to local providers by service users and views fed in as part of community participation within the JSNA and Joint Health and Wellbeing Strategy process.
- 1.3 JSNAs can also be informed by more detailed local needs assessments such as at a district or ward level, looking at specific groups (such as those likely to have poor health outcomes), or on wider issues that affect health such as employment, crime, community safety, transport, planning or housing. Evidence of service outcomes collected where possible from local commissioners, providers or service users could also inform JSNAs. Boards will need to ensure that staff supporting JSNAs have easy access to the evidence they need to undertake any analysis they needed to support the board's decisions.
- 1.4 HWBs are also required to undertake Pharmaceutical Needs Assessments (PNAs) and although many may choose to combine the process with JSNAs, the duties for these are separate, and distinct PNAs need to be produced to inform the NHS England's decisions on commissioning pharmaceutical services for the area.
- 1.5 JSNAs must assess current and future health and social care needs within the HWB area and it is important to cover the whole population, and ensure that mental health receives equal priority to physical health. This includes health protection, and upstream prevention of ill health and it could include looking at the role of personal budgets and universal advice. Therefore health and wellbeing boards will need to consider:
- Demographics of the area, and needs of people of all ages of the life course including how needs vary for people at different ages,
 - How needs may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, such as people who find it difficult to access services and those with complex and multiple needs such as looked-after and adopted children, children and young people with special educational needs or disabilities, troubled families, offenders and ex-offenders, victims of violence, carers including young carers, homeless people, Gypsies and Travellers, people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging,

- Wider social, environmental and economic factors that impact on health and wellbeing such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances, employment, and
- What health and social care information the local community needs, including how they access it and what support they may need to understand it.

1.5 When undertaking JSNAs, HWBs should also consider what assets local communities can offer in terms of skills, experience, expertise and resources that could help local authorities and the NHS to address the identified needs and impact on the wider determinants of health.

1.6 The production of the JSNA and JHWS is not an end in itself but is part of a wider process through which the HWB is able to go beyond a simple analysis of common problems in order to identify solutions to commissioning challenges. Seen in this way, the JSNA is not just an exercise in data collation and information publishing but, rather, is a tool for agreeing priorities for collective action across the HWB and wider partners in order to achieve shared outcomes. The Plymouth Report provides an annually updated summary and analysis of data contained with the JSNA suite of documents and can be found on the City Councils website at <http://tinyurl.com/k27ga27> .

2.0 **Joint Health and Wellbeing Strategy (JHWS)**

2.1 JHWSs are strategies for meeting the needs identified in JSNAs. As with JSNAs, JHWSs produced by the responsible LA for an area in partnership with relevant CCGs, a duty discharged through the Local Health and Wellbeing Board, are unique to each local area, and there is no mandated standard format. In preparing JHWSs, HWBs must have regard to the Secretary of State's mandate to NHS England which sets out the Government's priorities for the NHS. They should explain what priorities the HWBs has set in order to tackle the needs identified in their JSNAs.

2.2 This is not about taking action on everything at once, but about setting a small number of key strategic priorities for action, that will make a real impact on people's lives. JHWSs should translate JSNA findings into clear outcomes the board wants to achieve, which will inform local commissioning leading to locally led initiatives that meet those outcomes and address the needs.

2.3 CCGs, NHS England, and LAs plans for commissioning services will be expected to be informed by relevant JSNAs and JHWSs. Where plans are not in line with JSNAs and JHWS, CCGs, the NHS England and LAs must be able to explain why. The policy intention is that local services which impact upon health and wellbeing will be based on evidence of local health and wellbeing needs and assets, including the views of the community; meaning that services and the way in which they are provided meet local needs.

2.4 Under the Act, in relation to their public health functions, upper-tier local authorities are required to take appropriate steps to improve the health of their population. This is an opportunity for local authorities to embed health improvement in all policy and decision-making, which will also help address needs identified in JSNAs and priorities agreed in JHWSs

2.5 JHWSs could be used to consider how services might be reshaped and redesigned to address needs identified in JSNAs, and reduce inequalities. Using local JSNA evidence and agreed JHWS priorities means local service change and commissioning plans should complement each other and this will encourage greater integration across health and social care services.

- 2.6 JSNA and JHWS outputs must be published. Making them public will explain to the local community what the board's assessment of the local needs (and if they choose to include them, assets) is and what its proposals to address them are. It should also provide clear measures of progress to hold the board to account over time. Publication will show what evidence has been considered, and what priorities have been agreed and why. It should include a summary of community views, how they have been used and also whether any other views have been considered. To increase transparency it would be good practice to include in the publication an explanation of how concerns can be raised with the Board or its members.
- 2.7 By agreeing joint local priorities in JHWSs to inform joint action to tackle needs identified in the JSNA, Health and Wellbeing Boards will be able to lead action to improving people's lives, integrate services and reduce inequalities.

Joint Strategic Needs Assessment Steering Group

Terms of reference (draft)

Aim

The aim of the Joint Strategic Needs Assessment Steering Group (JSNA SG) is to lead, on behalf of the Plymouth Health and Wellbeing Board (H&WB), the JSNA process in Plymouth, ensuring that it produces high quality evidence to guide all strategy and commissioning processes that impact on population health and wellbeing. This includes the provision of the health and health-related information required for the effective commissioning of services to improve health and reduce health inequalities. The JSNA is not one single document, but a suite of data, information, intelligence and insights.

Purpose

- To ensure, on behalf of the Plymouth H&WB, that all legislation and guidance relating to the JSNA is complied with.
- To develop a comprehensive annual work programme to deepen understanding of population health and wellbeing in Plymouth.
- To ensure the JSNA supports the development, implementation and review of the Joint Health and Wellbeing Strategy (JHWS).
- To integrate the JSNA with the commissioning process and define and deliver the evidence required to inform and review investment decisions and service utilisation.
- To ensure the scope of the JSNA covers the wider determinants of health and wellbeing
- To ensure stakeholder engagement in the JSNA process and that the voice of the people as communities, patients, service users and carers are heard and inform the JSNA.
- To identify health and wellbeing priorities from JSNA work and ensure that these are communicated to (and understood by) the H&WB and other relevant groups to guide their strategic and commissioning work.
- To ensure the JSNA process, methodology and deliverables are fit for purpose

Membership

- Kevin Elliston (Chair), Interim Deputy Director of Public Health, Plymouth City Council
- Robert Nelder, Consultant in Public Health Intelligence, Plymouth City Council
- Robert Sowden, Performance and Research Officer, Plymouth City Council
- Katy Shorten, Joint Commissioning and Adult Social Care Project Officer, Plymouth City Council
- Benji Shoker, Equalities Officer, Plymouth City Council
- Sally Parker, Community Relations Manager, NEW Devon CCG
- David Spencer, Transformation and Delivery Lead, NEW Devon CCG
- Vicky Shipway, Chief Executive, Colebrook SW
- Liz Kunnenkeril, Research Administrator, Healthwatch
- Patrick Hartop, Senior Policy, Performance and Partnerships Adviser, Plymouth City Council

- Stephen Bashford, Economic Research and Monitoring Officer, Plymouth City Council
- Craig McArdle, Head of Service – Commissioning, Plymouth City Council
- Richard Grant, Local Planning Team Leader, Plymouth City Council
- Fiona Fleming, Commissioning Manager, Plymouth City Council
- Dave Schwartz, Young People Lead, Plymouth City Council

Responsibilities of Members

- To attend and contribute to meetings and, if unable to do so, to send a nominated deputy.
- To keep their organisation/team informed of the work of the JSNA SG.
- To commit resources that will assist with the development and delivery of the agreed work programme.

Meetings

- Meetings will take place every quarter.
- The agenda will be defined by the Chair working with the designated officer lead, the Consultant in Public Health (Intelligence).
- The administration of the meetings will be supported by The Office of the Director of Public Health, Plymouth City Council.

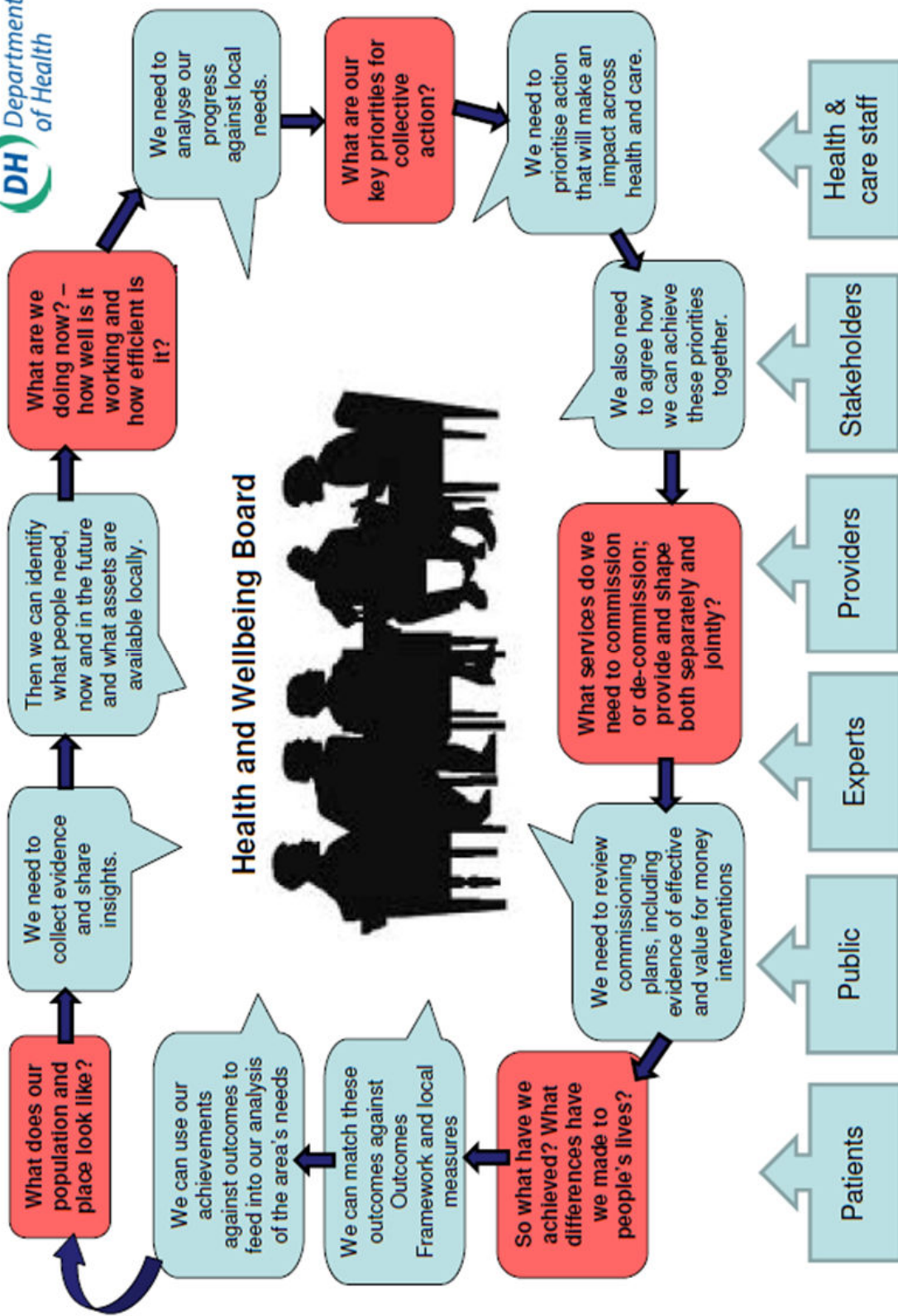
Work Programme

An annual work programme containing a defined set of projects will be agreed, setting out a sponsor, lead officer and resources and plan required to produce well-defined, timely deliverables.

Governance

The JSNA SG will be responsible for the overall management and development of the JSNA. The JSNA SG will, via its Chair or nominated officer, report to the Plymouth Health and Wellbeing Board. The JSNA SG will provide regular reports as appropriate to the HWB and seek agreement to carry out detailed programmes of work.

JSNA & JHWS: explicit link from evidence to service planning



Involving partners and the community ensures transparency and accountability