

AGENDA ITEM

**REPORT TO HEALTH AND
WELL BEING BOARD AND
PARTNERSHIP**

**25TH SEPTEMBER 2013
REPORT OF DIRECTOR OF
PUBLIC HEALTH**

**MAINTAINING AND DEVELOPING THE JSNA FOR STOCKTON-ON-TEES:
PROPOSALS FROM 2013 ONWARDS**

SUMMARY

This briefing outlines the recommended process for maintaining and developing the JSNA, in order to make the JSNA an integrated way of working in helping to improve local health and wellbeing

RECOMMENDATIONS

1. The Stockton Health and Wellbeing Board is asked to consider this recommended process as the basis for making the JSNA an integrated way of working to continue improving local health and wellbeing.

DETAIL

Background

1. All local authorities have a statutory duty to have a Joint Strategic Needs Assessment (JSNA) that is part of the commissioning process for health improvement and wellbeing. The JSNA for Stockton-on-Tees is now based on an interactive website that is accessible to all.
2. A summary of the current JSNA commissioning intentions and unmet needs has been published. Stockton Borough Council, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG), the NHS Area Team and other HWB partners are able to use this list particularly for consideration of any joint commissioning and service planning.

REQUIREMENTS FOR JSNA MAINTENANCE AND DEVELOPMENT

3. The effectiveness of the JSNA for supporting continuous improvement in population health and wellbeing requires a process for maintenance and development. The process needs to be practical and efficient not only for JSNA Topic Leads but also for the core staff of the Tees Valley Public Health Shared Service (TVPHSS). Working with Topic Leads, the TVPHSS staff members manage the website infrastructure and the quality assurance of content on behalf of the Tees Valley Directors of Public Health. They also provide related intelligence in a common format and standard.
4. As a minimum, the process for maintenance and development needs to:

- a. Ensure that Topic Leads keep existing topics up to date;
- b. Improve existing topic content in breadth and depth where required;
- c. Extend the facility to benchmark, segment and forecast population needs;
- d. Agree criteria for potential for the inclusion of new topics;
- e. Demonstrate how policy and practice is influenced by JSNA processes;
- f. Communicate with others about priorities for better population health;
- g. Market the JSNA as a local gateway to resources and expertise; and
- h. Encourage wider use of facts and evidence to inform decisions at all levels.

PRACTICAL SUPPORT FOR THE PROCESS

5. To ensure that these needs are handled systematically – but allowing for locality flexibility – the proposals for practical support of the process are as follows:
6. Arranging sessions for Topic Leads: Sessions for Topic Leads will be arranged as needed. These sessions will allow content to be reviewed systematically to improve quality and to address missing content. For this process to be effective, one topic will be considered at a time in a series of meetings where the Topic Leads for all localities in Tees Valley will be invited to share experience, knowledge and learning. In general, the highest quality of current content is discernible for topics where local knowledge and experience has been shared between localities. The Public Health Intelligence Service will co-ordinate these meetings and offer whatever facilitation Topic Leads require. The timing and order of the topic reviews will be published at the end of September 2013. It is likely that priority will need to be given to topics where the current content needs significant improvement or where unexpected inconsistencies between localities are most evident.
7. Publishing an updated topic guide: An updated written guide for Topic Leads will be published. This will include joint learning and experience derived from the process of website content development to-date.
8. Agreeing 'triggers' for appropriate maintenance of the JSNA: Possible triggers for JSNA maintenance are when:
 - Significant policy change occurs either nationally or locally;
 - Significant new intelligence including data emerges that requires consideration of more or different intervention(s);
 - Commissioning priorities have been implemented or modified or abandoned;
 - Significant service developments are proposed or implemented; and
 - New unmet need arises as a consequence of changes in risks or services.

A Scrutiny review or inquiry into a particular issue may also stimulate further analysis of the evidence / data, leading to further information that can contribute to the JSNA.

Such triggers should prompt an update in the appropriate topic section(s). The date that website content is uploaded is included in each topic session and a date that content should be reviewed in the absence of a specific 'trigger' will be included.

9. Ensuring continuous development of the JSNA: In the unlikely event that there were no such triggers, each topic still needs regular review. The frequency of 'regular' review

needs to take account of various issues including commissioning processes, the nature of change in the topic or service or population and the expertise of Topic Leads working in partnership with colleagues.

Although the JSNA is not an annual business plan, an annual review would seem sensible. Such a review should be embedded in existing structures and processes (such as policy meetings or inter-agency meetings) to minimise the need for additional processes.

FINANCIAL IMPLICATIONS

10. The JSNA process itself has no specific resource implications. Separate discussions will be required regarding commissioning intentions arising from the JSNA work.

LEGAL IMPLICATIONS

11. There are no specific legal implications of this proposal.

RISK ASSESSMENT

12. Implementing the JSNA process is regarded as low risk.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

13. The JSNA process will support implementation of both the Sustainable Community Strategy and the Joint Health and Wellbeing Strategy.

CONSULTATION

14. Consultation is an integral part of generating proposed commissioning priorities, through the Joint Strategic Needs Assessment process.

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