AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD / PARTNERSHIP

26TH MARCH 2014
REPORT OF DIRECTOR OF PUBLIC HEALTH

JSNA AND PRIORITISATION

SUMMARY

This paper provides an update on the JSNA and its use; and asks the Board and Partnership to consider the process of prioritisation to help direct strategic decision-making on resource use.

RECOMMENDATIONS

1. The Stockton Health and Wellbeing Board / Partnership are asked to note the update on the JSNA and consider further ways to embed the use of the JSNA into decision-making, commissioning and service-development by all partners.
2. It is recommended that the groups with lines of accountability and / or communication to the Board are mapped. The Board / Partnership are asked to identify a lead for the mapping work and champions from partner organisations to support this.
3. The Board / Partnership are asked to consider and agree the proposed process for 'theme-based' discussions, drawing together more than one JSNA topic.
4. The Board / Partnership are asked are asked to consider the proposed tool for aiding prioritisation discussions.
5. It is recommended that the proposed tool is taken to the CYPHWCG, the AHWCG and the senior management teams of the Board member organisations for comment.

DETAIL

<u>JSNA</u>

1. The Stockton Health and Wellbeing Board / Partnership have received updates at previous meeting regarding the implementation of the JSNA and the process for maintaining it as an up-to-date and live resource. The aim of the JSNA is to provide a picture of need in the population, current service provision and recommendations to inform commissioning intentions and service development.

2. The Board have agreed that its constituent member organisations should ensure the JSNA is reviewed and updated where needed at least annually, with any significant changes in policy and / or data being reflected in the JSNA in-year. The Board agreed this process would be led by the topic leads and Children and Young People's Health and Wellbeing Commissioning Group (CYPHWCG) and the Adults Health and Wellbeing Commissioning Group (AHWCG) would also receive updates of the JSNA and oversee its use in commissioning across partners.

3. The Joint Health and Wellbeing Strategy 2012-18 strategic direction over 5 years and is informed by the JSNA. As such, the JSNA is not a performance monitoring tool, rather a strategic assessment of population need and service provision to inform planning. Active

use of the JSNA by all partners will help to align strategic planning and decision-making behind consistent priorities for health and wellbeing, so making best use of resources.

4. The Board and Partnership are asked to consider how the use of the JSNA can be embedded into the groups and forums which sit under the Board – both groups with formal lines of accountability to the Board; and those related to the Board through lines of communication.

5. A recommendation at the recent Board Away Day was that all such groups are mapped, to establish their relationship to the Board and their areas of responsibility. This will support the Board in carrying out its role of setting strategic direction and monitoring performance against health and wellbeing measures across Board member organisations. The Board and Partnership are asked to support this mapping, identifying a lead for this work and champions from partner organisations that can help to map this picture.

6. Embedding the use of the JSNA by Board member organisations and relevant groups could include consideration of how it is incorporated into different stages of the commissioning cycle, as used by the Board member organisations (**Appendix 1**).

7. The existing multi-agency groups which sit under / are related to the Board (either through accountability or communication) are useful forums for 'themes' to be discussed i.e. where several topics can be considered together to draw conclusions to inform service development and / or commissioning. For example, the obesity, physical inactivity and diet and nutrition topics. The mapping of groups (as mentioned in point 5 above) will help this but work can progress in the meantime through existing groups, such as the Domestic Abuse Strategy Group and the Drugs and Alcohol Commissioning Group.

8. It is proposed the CYPHWCG and AHWCG oversee the proposal of themes to be analysed, in line with the strategic priorities set by the Board and the need to analyse and understand themes in-year, in line with the work programmes of the CYPHWCG and AHWCG.

9. Where multi-agency groups do not exist to consider themes, it suggested that the CYPHWCG and AHWCG task the appropriate organisations / individuals to convene a task-and-finish group to consider the theme.

10. It is proposed that these theme-based discussions take place over the next 6 months, alongside activity to update and maintain the JSNA as needed (i.e. by the beginning of October 2014). This will inform the discussions around commissioning intentions for the next round (2015/16).

<u>Prioritisation</u>

11. The process of prioritisation (for strategic issues and resources) was raised at the recent Board Away Day and an agreement made that an agreed process was needed.

12. A proposed set of criteria for guiding decision-making and setting priorities is outlined in **Appendix 2**. This is taken from a paper previously brought to the Board, where it was agreed a process for prioritisation would be useful but no specific set of criteria was selected. An agreed prioritisation process will ensure that assumptions and factors in the decision-making process are made open and explicit; and that a consistent approach is applied across the Board and its relevant groups and partners.

13. The Board and Partnership are asked to consider the criteria in **Appendix 2**.

14. It is recommended that the proposed tool is taken to the CYPHWCG, the AHWCG and the senior management teams of the Board member organisations for comment.

15. The agreed tool will be applied by the Board in making strategic decisions regarding resource allocation across member organisations and in prioritising the recommendations arising from the JSNA and JSNA theme discussions (as the JSNA produces recommendations for service development / commissioning intentions but does not prioritise these).

FINANCIAL IMPLICATIONS

8. There are no direct financial implications of this update.

LEGAL IMPLICATIONS

9. There are no specific legal implications of this update.

RISK ASSESSMENT

10. Consideration of risk will be included in service development / commissioning decisions arising from the work.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

11. Using a consistent, evidence-based approach based on the latest available data across Board and Partnership organisations will have a positive impact on coordinated activity to deliver both the Sustainable Community Strategy and Joint Health and Wellbeing Strategy themes.

CONSULTATION

12. Consultation has been an integral part of generating priorities for action, through the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy development process.

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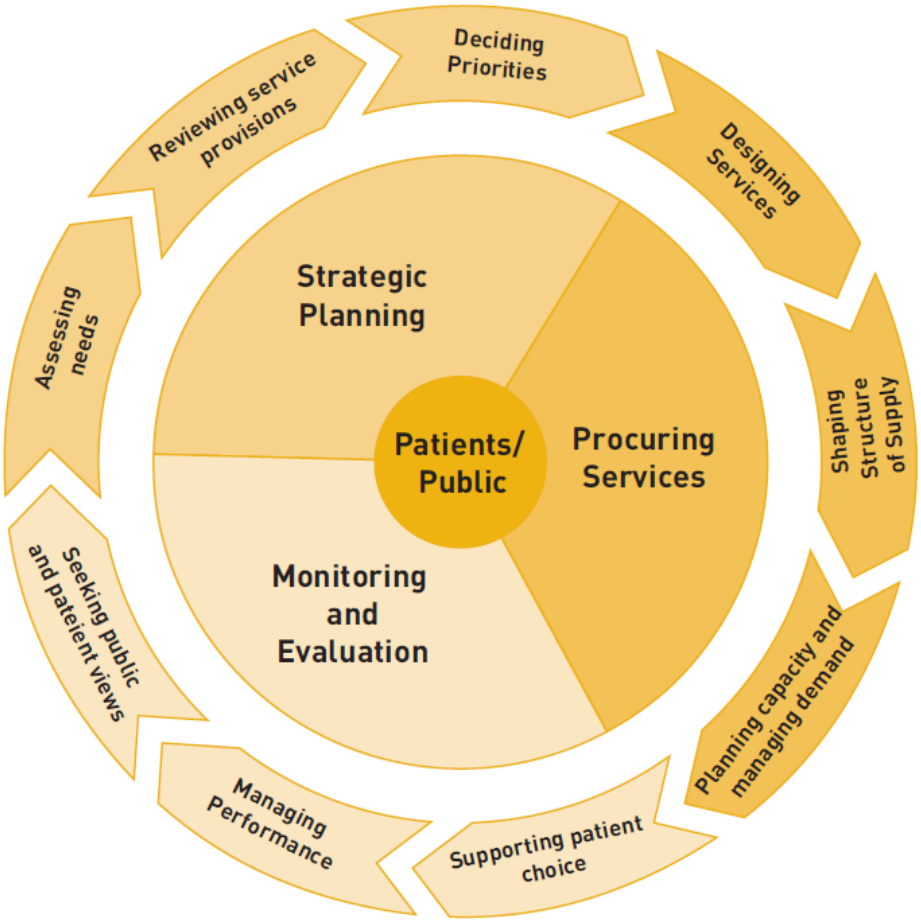
Appendix 1



The JSNA is recommended to be used to inform:

- Strategic planning by providing data on need and on what the population and service users say, against which gaps in service provision can be commissioned / planned
- Procuring services by informing service design and planning capacity based on unmet need, rather than just historic demand
- Monitoring and evaluation by supporting monitoring trends over time and looking at performance data in the context of population need

Importantly, data from service evaluation etc. should also be fed into the JSNA to keep it up-to-date.

Appendix 2: Example prioritisation tool for Stockton

Importance

Element	Key 'importance' considerations	Max.
Local priority	To what extent would the potential priority take forward the Board's overall ambitions to: Prevent ill health (20) Promote equality and equity (10) Provide health and wellbeing gain (life expectancy, healthy life expectancy, quality of life and risk factors) (15) Improve service quality (10) Deliver best value (cost effectiveness and affordability) (20) Provide leadership and champion health and wellbeing (5)	80
External drivers	To what extent is there pressure for change from other people or organisations (e.g. the public, stakeholders)? To what extent is there pressure for change nationally? Are there wider community benefits (e.g. education attainment, environmental) that rely on us delivering this?	20

Feasibility

Element	Key 'do-ability' considerations	Max.
Stakeholders / market capacity	To what extent are key stakeholders within the local health and wellbeing community supportive of this potential priority? What is the likely reaction of local people / groups and politicians to this potential priority (e.g. Overview and Scrutiny Committee; HealthWatch)	15
Service and change management	To what extent does this potential priority represent a complex service change, including workforce change? To what extent would it require other political / organisational agreement? How easy would this be to achieve? Would this potential priority affect the viability of other services? Is the market capable of delivering the potential priority (is there a market capacity issue)? Are there geographical issues? (rural isolation, transport etc.) To what extent would this potential priority support patient choice?	35
Resources required	Would this potential priority require additional financial investment? (Is this available to the Board?)	30
Consequences	What is the level of risk of failure to complete / deliver the potential priority? (clinical risk, service risk)	10
Good practice evidence	Is there an evidence base for effective intervention on this topic?	10