

## AGENDA ITEM

### REPORT TO HEALTH AND WELLBEING BOARD

22<sup>ND</sup> FEBRUARY 2017  
REPORT OF INTERIM  
DIRECTOR OF PUBLIC  
HEALTH

## JOINT HEALTH & WELLBEING STRATEGY, JSNA AND UPDATE ON TEES VALLEY PUBLIC HEALTH SHARED SERVICE

### SUMMARY

This paper provides:

- An update on the Joint Strategic Needs Assessment (JSNA) process for discussion
- Proposed process for reviewing the Joint Health and Wellbeing Strategy (JHWS)
- An update on the changes resulting from the disestablishment of the Tees Valley Public Health Shared Service (TVPHSS)

### RECOMMENDATIONS

1. The Health and Wellbeing Board is asked to:
  - Consider the JSNA update and input to proposals for taking this forward
  - Consider the proposed process for the JHWS refresh and how Board organisations can support this
  - Receive the update regarding the TVPHSS

### DETAIL

#### Joint Strategic Needs Assessment (JSNA)

1. The Board has a statutory duty to produce a Joint Strategic Needs Assessment. The JSNA is a tool to inform the joined up strategic planning and commissioning activities of the Board, its supporting structures and its member organisations. The aim of the JSNA is to provide a picture of need in the population, current service provision and recommendations to inform strategic planning, commissioning intentions and service development.
2. The JSNA is a publicly accessible, web-based tool ([www.teesjsna.org.uk](http://www.teesjsna.org.uk)). It contains longer-term trends and forecasting information, as well as evidence base, information on population need, risk-groups, service provision and community consultation. It is a tool to inform strategic planning and commissioning, rather than a performance monitoring tool i.e. it looks at the 'bigger picture'.
3. The Board have previously agreed a process (March 2014) to ensure the JSNA is reviewed and updated. The JSNA is actively used by various services and Board organisations. However, its systematic use across all organisations and agendas could

be maximised, particularly to help align strategic priorities, planning and decision-making across the health and wellbeing system. This would also help ensure evidence- and intelligence-based decision-making and best use of resources across the system.

4. To increase the JSNA's use in mainstream strategic planning and commissioning processes, the Board is asked to consider the proposal that the Adults' Health and Wellbeing Partnership and the Children and Young People's Partnership should drive ownership and use of the JSNA by commissioning organisations. It is important to acknowledge that providers (as providers have a seat on the Partnerships) should input to the process as other providers would but should not have undue influence on the JSNA and its resulting recommendations to inform commissioning, due to potential conflict of interest.
5. SBC Public Health, led by the Public Health Intelligence Specialist, will work with partners to support the mainstream use of the JSNA. It is proposed that:
  - The language used in the JSNA is refreshed to ensure it is user-friendly for a range of audiences.
  - The language reflects the tool's focus on strategic planning.
  - The content of the JSNA is concise and in bullet point format where appropriate.
  - The content ensures clear links between what the key issues are and the strategic planning and commissioning actions to be taken as a result. These should also link clearly to the JHWS priorities and key objectives.
  - Data should be updated at least annually where this is available; where this is not available there is a clear explanation for this and the timescales for data availability are included. The tool aids medium- and longer-term planning, so should rely on trends to ensure meaningful conclusions can be drawn; quarterly data would therefore sit in organisational / Board performance reports rather than the JSNA).
  - The mechanism for uploading the JSNA content is simplified, with a checking mechanism sitting with the Adults' and Children and Young People's Partnerships
  - A very brief summary of each topic is provided at the beginning of that topic, describing the key issue and the key actions recommended.
6. The SBC Public Health team will support the process through provision of population and Public Health intelligence where appropriate to the topic, as well as leading on Public Health topics.
7. The Adults' and Children and Young People's Partnerships are comprised of the key organisations who work on topic areas across the health, social care and wellbeing system. Their work consists of addressing key issues across partner organisations where use of a robust evidence base is important in determining joined up strategies and commissioning plans. They are therefore well-placed to ensure the JSNA supports and is integral to this process. It is proposed the Partnerships:
  - Identify the lead on a key issue that falls within the Partnership's remit, who would already be progressing work on that issue. This lead also becomes the JSNA topic lead for that issue. The lead does not need to hold all the knowledge on the topic but would work in partnership with others to both progress work on the topic and therefore to source information for the JSNA.
  - Receive and review a JSNA topic at each meeting, as a mechanism for quality control, to ensure all relevant information and context is captured and to inform the strategic planning work and actions of the Partnerships.

- Receive a collation of the brief topic summaries described above, on an annual basis, to enable the Partnership to identify links and synergies across topics, to inform its collaborative working and joint strategic planning.
  - The collation of JSNA topic summaries should also go to the Joint Commissioning Groups on an annual basis to inform joint commissioning plans.
8. Where a JSNA topic does not fit neatly with the Adults' or Children and Young People's Partnerships, it is proposed the Partnerships determine the alternative Partnership or body where the topic should sit (and which would carry out the actions described in 7 above).
9. A list of the JSNA topics is included in **Appendix 1**. The Partnerships may wish to review this list, bearing in mind the importance of some consistency across other Tees areas due to the use of the JSNA by a range of partner organisations e.g. the CCG.

#### Joint Health and Wellbeing Strategy (JHWS) refresh

10. The Board has a statutory duty to produce a Joint Health and Wellbeing Strategy. The current JHWS expires in 2018. The JHWS is the key document providing strategic direction and coordination to the Board and its member organisations across the health and wellbeing system, to improve and protect the health and wellbeing of the population and reduce health inequalities. The JHWS refresh provides the opportunity to review the strategic direction, priorities and work of the Board, based on the JSNA.
11. It is proposed a task-and-finish group is established, reporting to the Board, to lead on and coordinate the work of refreshing the JHWS. It is proposed that the group is led by SBC Public Health and the membership is as follows:
- SBC Public Health
  - CCG
  - VCSE
  - Adults' services
  - Children's services
  - Mental health representation
- Board member organisations are asked to support the refresh of the JHWS by identifying appropriate capacity and support to attend the proposed group.
12. Proposed timescales for development of the JHWS are:
- Working group set up from March 2017, reporting to HWB
  - Scope developed May 2017
  - Draft Strategy end December 2017
  - Final draft end Feb. 2018
  - Council approval and Strategy launch for April 2018
13. Engagement and consultation across key partners will be central to the JHWS refresh. The process will also account for and link to the refresh / development of other relevant strategies and plans such as the Children and Young People's Strategy.
14. Refresh of the JHWS delivery plan and performance management framework will fall out of the refresh of the JHWS.

## Tees Valley Public Health Shared Service (TVPHSS)

15. The TVPHSS provided Public Health advice and support around a defined set of functions, on behalf of the four Tees Local Authority Public Health teams. The TVPHSS was disestablished in December 2016, following a decision by the Tees Valley Chief Executives in July 2016.
16. The Tees Directors of Public Health have worked closely together and with the TVPHSS to ensure maximum possible business continuity and coordination and a safe transfer of functions. A summary is as follows:
17. Contract management function – The management of the sexual health contract continues to be coordinated across all the four Tees Authorities (plus the other 3 commissioners involved- CCG and NHSE), and this contract management function sits in Redcar & Cleveland. GP and pharmacy contracts and the 0—19 contract were previously managed by the TVPHSS on behalf of SBC. This contract management responsibility has now transferred to Stockton Public Health team.
18. NHS Health Check and Lung Check– The Checks delivered through GPs continue, though the support to GP practices from the specialist nursing team has ceased. SBC Public Health is working with Tees colleagues to review the delivery of the Health Checks and will then be working with partners to plan locally how to maximise the Health Check in Stockton Borough, in the context of other services in the community.
19. Core offer of specialist Public Health advice to NHS commissioners – SBC Public Health is linking with the new structures in the CCG to continue to deliver the core offer, particularly based on the work around the Sustainable Transformation Plan (STP).
20. Public Health Intelligence – SBC Public Health has recruited to a Public Health Intelligence Specialist post, to ensure this crucial support is continued, including population analysis and intelligence, surveillance and forecasting.
21. Public Health clinical leadership and support – A Public Health Consultant has joined the SBC Public Health team to ensure this crucial support is continued, together with leading on the Health Care Public Health agenda, which includes local Public Health leadership on screening and immunisations, cancer and respiratory disease.
22. The respective Public Health teams across the Tees Valley will continue to collaborate on key Public Health issues, to ensure information sharing, learning and coordination of response where this benefits the health and wellbeing of the local population, as agreed with the Tees Valley Chief Executives when the decision was made to disestablish the service.

## **FINANCIAL IMPLICATIONS**

8. There are no direct financial implications of this update. The JSNA will make recommendations for commissioning intentions and the JHWS will set out strategic

direction which may result in resource implications (either investment or savings through e.g. preventative activity leading to reduced demand for services).

### **LEGAL IMPLICATIONS**

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

### **RISK ASSESSMENT**

10. Consideration of risk will be included in any commissioning discussions resulting from the JSNA work.

### **SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS**

11. This work will have a positive impact on the ability to deliver both the Sustainable Community Strategy and Joint Health and Wellbeing Strategy themes.

### **CONSULTATION**

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

**Name of Contact Officer:** Sarah Bowman-Abouna  
**Post Title:** Interim Director of Public Health  
**Telephone No:** 01642 524296  
**Email address:** [sarah.bowman-abouna@stockton.gov.uk](mailto:sarah.bowman-abouna@stockton.gov.uk)

## Appendix 1: JSNA topics

Theme	Topic
Vulnerable	Learning disabilities
Vulnerable	Autism
Vulnerable	Physical disabilities
Vulnerable	Sensory disabilities
Vulnerable	Sexual violence victims
Vulnerable	Domestic violence victims
Vulnerable	Carers
Vulnerable	End of life care
Vulnerable	Ex-forces personnel
Vulnerable	Migrants
Vulnerable	Travellers
Wider	Crime
Wider	Education
Wider	Employment
Wider	Environment
Wider	Housing
Wider	Poverty
Wider	Transport
Behaviour	Alcohol misuse
Behaviour	Illicit drug use
Behaviour	Smoking
Behaviour	Diet and nutrition
Behaviour	Physical inactivity
Behaviour	Obesity

Behaviour	Sexual health
Illness	Cancer
Illness	Circulatory diseases
Illness	Diabetes mellitus
Illness	Injuries
Illness	Mental & behavioural disorders
Illness	Oral health
Illness	Respiratory diseases
Illness	Self-harm and suicide
People	Children
People	Transition years
People	Adults
People	Older people