Title of Report:	Joint Strategic Needs Assessment Update
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	July 25th, 2013

Purpose of Report:
for information

Recommended Action:

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Developed by the local NHS and local council, the Joint Strategic Needs Assessment (JSNA) enables all health and care partner agencies to take account of the broader social and environmental factors that shape people's health and wellbeing.

The government has placed a new emphasis on the need for strengthening JSNAs nationally to enable them to fulfil their increasingly central role as a driver of commissioning and decision making. To this effect, the Health and Wellbeing Board has used the local JSNA to produce our Joint Health and Wellbeing Strategy for West Berkshire. The JSNA has also informed the Commissioning Plans for Newbury District Clinical Commissioning Group (CCG) and North and West Reading CCG.

The JSNA is structured around six domains and their associated sub-domains. Data on a number of key indicators attached to each of these sub-domains have been collated in a central JSNA database which was analysed to produce a JSNA 2012 data tool.

The current JSNA is now in the process of being updated and improved to make it more meaningful for all to utilise to better inform commissioning decisions and give a clear picture of the health and wellbeing of West Berkshire residents.

The Berkshire Public Health Shared Team, based in Bracknell, is providing support to the six Unitary Authorities in the delivery of their respective Joint Strategic Needs Assessments (JSNA). A number of key deliverables will be provided by the shared Public Health team to the Unitary Authority JSNA project teams during phase 1 of the JSNA redesign.

Phase 1 of the JSNA will produce three JSNA products. These are:

- the main body of the JSNA which will be transferred from the current single PDF documents into a web-based format

- JSNA Ward Profiles which will be new to the local JSNA
- Clinical Commissioning Group (CCG) profiles

These are described in more detail below

The main body of the JSNA is to be changed from the current format of PDF documents into a web-based format in order to make the JSNA more accessible to all. The overall size of the JSNA will be reduced with short sections of text and a minimal amount of charts and tables of data. The language of the JSNA will be adapted to suit a public audience and measures will be taken to ensure that the online JSNA is accessible to all groups. This will be led by the JSNA project teams in the Local Authorities with support from the JSNA Programme Manager in the PH team.

The shared team have provided the JSNA project teams with templates for the presentation of this information alongside some suggested standard chapter/sub-chapter headings. The sections for the JSNA will be:

> Demographic overview
> Starting well (Children 0-4)
> Developing well (Children and Young People 5-19)
> Living and working well
> Ageing well
> Wider determinants of health and vulnerable groups

Within each section there will be specific topics and for each topic the following information will be considered and presented:

Facts, Figures, Trends
- Prevalence- total number of people currently living with X
- Incidence- how many new cases of X are identified each year
- Mortality- how many people die from X (if applicable)
- What are the trends - past and future over time (3 to 5 years)?
- What are the features of the population affected? eg age, gender
- Where are the people with the issue locally?
- What are the regional and national comparators?
- What will be the effect of population change?
- What is the influence on health and well being? (where applicable)

Current activity & services
- What are the services?
- Where are the services?
- How many people use the services? Highlight trends in service use
- What are the characteristics of those who use the service
- Are any sub-groups not accessing services and why?
- What is the cost of the service?
- How cost effective is the service e.g. compared with benchmarks or outcomes such as cost per smoking quitter
- Projected service use- what will be the effect of population change, disease incidence and prevalence on services.

Local Views
- What do people (service users, carers or population groups) think of the services that are being provided (what works well, what doesn't)
- Key outcomes of any consultations, focus groups/workshops

National &Local Strategies (Best Practice)
- Summaries of the national and local evidence used to inform knowledge on this topic, e.g. NICE guidelines (provide hyperlink to guidance)
- Key evidence of effectiveness and cost-effectiveness i.e. if we invest in X it will impact upon Y (e.g. life expectancy/demand for social care provision)
- Highlight any key changes in evidence to inform de-commissioning-i.e. new evidence that has come to light that suggests that a certain intervention is less effective than has been previously thought, or only works in certain circumstances, or that another intervention appears to be more effective, or offers better value (financial and/or social).

 From these data the following three questions will be addressed:

What is this telling us?
- Have there been any key differences in the evidence which would suggest a reduction or an increase in health inequalities since 2012?

What are the key inequalities?
- Compare health between the 20% most deprived and the 80% least deprived areas

What are the unmet needs/ service gaps?
- By comparing the overall need within the council and comparing it with the level of service provision currently in place, highlight known needs and known or presumed gaps in provision
- Highlight any over-provision of services to inform de-commissioning

Recommendations for consideration by other key organisations such as: CCG's, General Practices, other Local Authority department e.g housing and key providers – voluntary and private sectors.

- Identify the areas of need to address through commissioning
- Identify any services that may require de-commissioning
- Gaps in information that could improve the JSNA in the future

The shared team will complete the facts and figures section of the chapter templates. This will cover the chapter headings outlined in the JSNA Chapter Section Guidance as standard. Additional data/analysis will be agreed between the shared team and the project groups to be provided in phase 1 where practicable within timescales or prioritised to be addressed in future development phases where not. The shared team will provide data in tables and charts as appropriate alongside a text description.

The JSNA Ward profiles are a new product of the JSNA which aim to address the call for localised information. The Ward profiles will be short, succinct documents covering key facts and figures about each Ward. They are intended to be documents which give an overview of an area and which can be taken to the table to provoke discussions on a Ward level.

The shared team will produce these Ward profiles on behalf of the JSNA project teams with a set of standard information. They will be produced to a level that they could be considered as a finished product but with the adaptability to allow the local project teams to add their own information if they wish to do so. Additional data/analysis will be agreed between the shared team and the project groups to be provided in phase 1 where practicable within timescales or prioritised to be addressed in future development phases where not.

The CCG profiles are to be developed in consultation with the CCGs. The CCG profiles are to be provided by the shared team. They will be a short summary document of the health and wellbeing

of each of the seven CCG areas. A draft of the CCG profiles will be shared for comment prior to finalisation.

Additional support. West Berkshire Council has already produced Ward profiles and these will benefit from the addition of the JSNA data processed by the shared team. Therefore, the shared team will share on request the raw data used to populate the JSNA profiles. This will be agreed through the project teams and will be accompanied by advice from the shared team on the use of the data where appropriate.

The JSNA process is likely to produce requests for information and analysis that fall within and beyond the immediate remit of the JSNA. Requests for information and analysis to be included in subsequent phases of the JSNA will be considered on an annual cycle by the shared team in collaboration with the JSNA project teams. Requests for information, information analysis, and information advice which fall beyond the remit of the JSNA will be directed towards the shared team information staff and dealt with on an ad-hoc basis.

Key dates

First draft of CCG Profiles shared with CCGs	19/07/2013
Development of Ward profile templates and process for the automation of Ward profiles agreed	23/08/2013
Completed facts and figures provided to JSNA project teams	30/08/2013
Ward profiles provided to project teams	27/08/2013
Ward profiles available for publishing	15/11/2013

Executive Report

Appendices

There are no Appendices to this report.