



Bristol Health & Wellbeing Board

Joint Strategic Needs Assessment Annual Report and Proposed Work Programme for 2018/19

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Report for Information and Agreement

1. Purpose of this Paper

Local authorities and clinical commissioning groups have equal and joint duties to prepare a Joint Strategic Needs Assessment (JSNA), through the Health and Wellbeing Board (HWB) in order that the health and social care needs of the population are properly assessed and proper plans and services may be put in place.

The HWB delegates this function to the Director of Public Health (now incorporated into the post of Director of City Wellbeing, Resilience and Strategic Partnerships) as the Chair of the JSNA Steering Group.

The JSNA work programme is developed by the steering group and this annual report to the HWB is to provide a summary of progress in the last year and plans for 2018/19, including a revised approach to delivering the JSNA. It also includes proposed refreshed ToR for the JSNA Steering Group (Appendix 1).

2. Executive Summary – to include the main points for the HWB to consider

- The JSNA for 2017/19 consists of a Data Profile and a suite of JSNA Chapters covering key topic and a range of other supporting data documents.
- The JSNA Data Profile 2016/17 was published in Jan 2017.
- Work has begun on updating the Data Profile for 2017/18.
- Nine topic chapters were published.
- Five chapters are due for publication in the next two months including a chapter on Suicide Prevention.

- Three more chapters are in progress and will be published in 2018/19.
- JSNA Steering Group membership has been updated to ensure senior level engagement across BCC and BNSSG CCG.
- The structure of the JSNA has been reviewed at a workshop where a more streamlined format has been agreed for the future. This will consist of a Data Profile (to be renamed *Health and Wellbeing in Bristol 2018 (JSNA profile)*) and up to four deep dives to be agreed by the Steering Group.
- The Data Profile and deep dives will be delivered by Task and Finish Groups.

3. Recommendations for the HWB to Agree

The Board is asked to:

- Consider this report, the JSNA programme and the progress made
- Agree the revised approach to delivering a JSNA
- Make suggestions for any amendments and/or additions

4. Main body of the report

JSNA Work Programme 2017/18

The JSNA for 2017/18 consists of a Data Profile and a suite of JSNA Chapters covering key topics identified by the steering group, plus other supporting data products. All products are published via the JSNA webpages at www.bristol.gov.uk/jsna

JSNA Data Profile

- The JSNA Data Profile 2016/17 was published in Jan 2017, but promoted via a range of presentations with bespoke data analysis during the first half of 2017.
- Work on updating the JSNA 2018 began at end of 2017/18.

JSNA Chapters 2017/18

This was the primary focus of JSNA work during 2017/18.

- Healthy Weight – adults (2018)
 - Being overweight is a preventable condition associated with an increased risk of a number of common diseases and causes of premature death
- Healthy Weight - Children and Young People (2017)
 - Identify ways of helping to reduce childhood obesity at a local and national level.

- Emotional health and wellbeing of children and young people (2017)
 - The mental health and emotional wellbeing of children and young people aged 0 to 17, and the risks factors for developing mental health and poor emotional wellbeing.
- Women's Health (2017)
 - The health of women in Bristol – data on a range of topics from the Chief Medical Officers Women's Health Report and the Womanifesto from Bristol Women's Voice
- Cancer (2017)
 - The poorest people in Bristol have the highest cancer early death rates and the rate gets steadily lower as people become less deprived.
- Respiratory Disease - adults (2017)
 - Adult Respiratory Diseases (inc Chronic Obstructive Pulmonary Disease) in Bristol, North Somerset and South Gloucestershire (BNSSG).
- Alcohol misuse - adults (2017)
 - Alcohol is the leading risk factor for ill-health, early mortality and disability (in those aged 15 to 49) and the fifth leading risk factor for ill-health across all age groups.
- Work and health (2017)
 - Links between health and unemployment, employment and the workplace.
- Sexual Health (2016)
 - Contraception, relationships, sexually transmitted infections (STIs), HIV and abortion. To improve the sexual health of the population.

Chapters previously published in 2016/17 were:

- Childhood epilepsy (2017)
 - Childhood Epilepsy in Bristol, North Somerset and South Gloucestershire (BNSSG)
- Children's Social Communication and Interaction Needs (2017)
 - Covers a range of conditions and support needs including Autism Spectrum Disorder
- Young People and Substance Misuse (2017)
 - Drug and alcohol use by young people aged 11-24.

Chapters almost completed - due to publish in next 1-2 months include:

- Suicide prevention (this chapter is a high priority given the current high profile of the issue).
- Fuel Poverty
- Children in Care
- Childhood Injury
- Breastfeeding

Other Chapters already in draft form and to be completed in 2018/19 include:

- Healthy Life Expectancy – to support One City Plan

- Special Educational Needs and Disability (SEND) – to support SEND inspection / due autumn
- Air Pollution – to support Clean Air Zone proposals

Other JSNA core products

Strategic Intelligence resources updated in 2017/18 to complement the JSNA include:

- [The State of the City: Key Facts 2017-18](#) - a summary of major facts and infographics about Bristol, including Health and Wellbeing
- Population of Bristol report (2018), plus updated population projections - [Population page](#)
- [Ward data profiles](#) (2017)
- [Open Data Bristol](#) - A new site for accessing and sharing open data, including Dashboards to visualise data – will be the source to access underlying JSNA 2018 data.

Equalities data

Specific work was undertaken during 2017/18 to deliver improved availability and use of equalities data in the JSNA process, led by a JSNA Equalities Data sub-group. Results to date will be incorporated into JSNA 2018 where possible, but ongoing work is currently being reviewed.

JSNA website

The previous webpage was substantially updated during 2017/18 into a suite of webpages – see www.bristol.gov.uk/jsna – now including links to many different resources and data-sources.

JSNA revised approach

An extensive review of the JSNA work programme and approach in **2015** led to the following key changes:

- A chapter-based approach was established with the aim of providing a wide range of in-depth “JSNA Chapters” across a number of topics.
- The JSNA Data Profile was retained as a core JSNA product, in addition to the Chapters
- New governance arrangements for the JSNA, including a JSNA Working Group to support the JSNA Steering Group, and Reference Groups for each Chapter.

In **2018**, a review of the chapter-based approach was undertaken taking into consideration the upcoming restructure of the public health team and planned reduction in staffing. Whilst there has been valuable work done to produce JSNA Chapters, the current approach has become too lengthy and time consuming, producing substantial pieces of work (chapters) which not only take many months to deliver and require substantial staff time but also have a limited readership because of their density and size. A more streamlined and efficient

process is needed to update the JSNA and support the commissioning decisions in BCC and the CCG for 2018/19 onwards.

JSNA work programme for 2018/19

The JSNA will now consist of:

- A core document currently referred to as the JSNA Data Profile (to be renamed “**Health and Wellbeing in Bristol 2018 (JSNA profile)**”)
- A small number of “deep dives” each year to explore in depth areas identified by the Steering Group, using a simplified version of the JSNA Chapter approach [NB All draft JSNA Chapters from 17/18 have been ceased, other than those noted above]. Some of these deep dives will be conducted across BNSSG CCG footprint as part of the ‘Knowledge and Intelligence Collaborative’ work programme. Deep dives will be selected to provide timely, up to date assessments of need for specific pieces of priority work across the health and social care economy.
- Plus updates of the “Other JSNA core products” as noted above, including:
 - Ward Profiles 2018
 - State of Bristol: Key Facts annual update
 - Improving access to updated JSNA data via Open Data Bristol
- JSNA Steering Group membership has been updated to ensure senior level engagement across BCC and BNSSG CCG.
- Task and Finish groups will be set up to deliver the Data Profile and Deep Dives.
- Initial plans for “deep dives” (n = no more than 4) to underpin specific areas in 2018/19 are below – details will be confirmed through the JSNA Steering Group:
 - New CCG Locality Profiles: North & West and Inner, Central & East. The Locality Profile for South Bristol, started in 2017/18, will be completed. - **Confirmed**

NB there is still residual work to complete from the 17/18 programme which will reduce the amount of resource available for new work this year.

Appendix 1

Bristol Joint Strategic Needs Assessment **Steering Group**

Proposed Terms of Reference 2018 – (v2, June 2018)

1. Back ground and context to the Joint Strategic Needs Assessment (JSNA)

The Joint Strategic Needs Assessment (JSNA) is an ongoing process to identify the current and future health and wellbeing needs of the local Bristol population, and the services and assets available for meeting these needs. It is a statutory duty to produce and publish the JSNA, although content and style are locally determined.

The core aim of the JSNA is to develop evidence based commissioning priorities to determine what actions the local authority, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing. The JSNA is intended to:

- Provide a comprehensive assessment of the health and wellbeing needs of the Bristol population, and the services/assets available for meeting these needs
- Influence strategic planning and commissioning processes across Bristol which impact on health and wellbeing outcomes
- Provide the evidence base for the Joint Health and Wellbeing Strategy, the local overarching strategy for meeting needs identified in the JSNA.
- To support the development and delivery of Bristol's One City Plan.
- Be used as a tool to drive improvement in health outcomes and reduce inequalities.
- Promote the efficient use of limited public resources to achieve better health and wellbeing outcomes and reduce inequalities for Bristol's growing and diverse population.

The NHS and local authority plans for commissioning services are expected to be informed by the JSNA. BNSSG Clinical Commissioning Group (CCG) must involve the Health and Wellbeing Board (HWB) in their commissioning plans and this includes consulting the Board on whether the plans take proper account of the JSNA and Joint Health and Wellbeing Strategy/One City Plan.

Additionally, the Care Act 2014 Guidance highlighted the importance of the JSNA in identifying the needs of the local population and carers as well as

supporting integration of services to promote wellbeing, prevent or delay needs and improve quality of care.

The duty to undertake a JSNA was introduced in 2007 under The Local Government and Public Involvement Health Act. Local authorities and the local NHS (previously Primary Care Trusts) were legally obliged to collaborate in the production of a JSNA in recognition that strategic planning for health and wellbeing was best done in partnership, and based on evidence. The Health and Social Care Act 2012 transferred the responsibility to Health and Wellbeing Boards (HWB) and now local authorities and CCGs have equal and joint responsibility to prepare the JSNA through the Health & Wellbeing Board.

The production of a JSNA is one of the main statutory responsibilities of the HWB, alongside producing a Joint Health and Wellbeing Strategy.

2. Purpose of the JSNA Steering Group

The Health and Wellbeing Board delegates responsibility for delivery of the JSNA to the JSNA Steering Group. The JSNA Steering Group provides strategic oversight of the JSNA work programme. It provides clear, joint ownership of the JSNA process, in order to oversee the successful delivery and implementation of the JSNA on behalf of the HWB.

Roles and Responsibilities of Steering Group members

1. Champion the JSNA at senior level, promoting use of the JSNA to develop and influence planning and commissioning plans across the Health & Social Care sector, and ensure clear links to relevant Partnership Boards
2. Fulfil the HWB statutory duty to produce a JSNA, and ensure an annual update (at least) is provided to the HWB. Provide overall strategic focus to develop JSNA proposals in line with HWB direction.
3. Ensure the programme development aligns with commissioning and re-procurement plans and other developments across the health and care sector to enable the JSNA to have the influence required.
4. Enhance partnership involvement in the JSNA, ensuring more input around citizen views and joining up all intelligence sources effectively.
5. Ensure clear JSNA governance structure for reporting to the HWB, and for ensuring clear quality assurance process. The Steering Group has the final authorisation needed to “sign off” JSNA products prior to publication.
6. Ensure there are sufficient joint resources to deliver the JSNA
7. Liaise with the Council’s Insight, Performance, and Intelligence service to improve access to JSNA products – including better web and IT tools.
8. The JSNA Steering Group will be chaired by the Director of Public Health or their nominated Consultant in Public Health.

9. For Steering Group decisions to be “quorate”, require at least 2 Directors / Heads of Service

Meetings

- Steering Group requires representation from both BCC and BNSSG CCG to be quorate.
- Meetings will be held quarterly.
- Papers will be sent out one week in advance of the meeting date.

2 JSNA Task and Finish Groups

Purpose of the Task and Finish Groups

The Task and Finish Groups are the delivery vehicles for the JSNA development work. They will implement the work programme agreed by the JSNA Steering Group primarily through delivering the Data Profile and Deep Dives identified by the Steering Group to agreed timescales. This work will be overseen by a small “core group” coordinating and delivering actions. This group is primarily the lead Public Health Consultant and/or PH Knowledge & Intelligence Collaborative manager and BCC Strategic Intelligence / PH Intelligence leads.

Roles and Responsibilities of a JSNA Task and Finish Group

1. Identify and agree with Steering Group the scope of the Deep Dive and timescales required.
2. Identify and ensure engagement with appropriate stakeholders/ contributors for JSNA Deep Dives.
3. To robustly project manage the delivery of the core JSNA products and deep dives.

JSNA Steering Group membership - 2018 update

Position	Current name
Director of City Wellbeing, Resilience and Strategic Partnerships (DPH) (BCC) - Chair	Sue Milner
Director for Adult services (BCC) OR Head of Service (Adults / Hospitals)	Terry Dafter / Stephen Beet
Director for Children services (BCC) OR Director for Education & Skills	Ann James / Sue Rogers
Service Director for Strategy and Policy (BCC) OR Insight, Performance & Intelligence Manager	Tim Borrett / Mark Wakefield
Public Health Consultant (BCC)	Viv Harrison
Area Director for Bristol - or below (as delegated) Bristol Head of Locality Planning (NHS Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group, BNSSG CCG)	Justine Rawlings Greg Penlington
Business Intelligence Manager for Localities (BNSSG CCG) <i>Interim: Head of Business Intelligence – Commissioning</i>	Tbc <i>Emma Gara</i>
Healthwatch Bristol Bristol Manager – Healthwatch Bristol	Sarah Ambe
VCS community Voscur Development Officer: Health and Social Care	Sarah Jackson
Public Health Knowledge & Intelligence Collaborative Manager (BCC / BNSSG)	Andrea Dickens
Bristol Strategic Intelligence and Performance Manager (BCC)	Nick Smith
Senior Public Health Principal: Epidemiology (BCC)	John Twigger