

Date: 29th November 2013

Proposals for the future development of North Yorkshire's Joint Strategic Needs Assessment (JSNA) and Pharmaceutical Needs Assessment (PNA)

1. Purpose

This paper:

- Summarises the work undertaken to review the North Yorkshire JSNA process and the 2012 report.
- Outlines proposals for the future development of the JSNA.
- Outlines the requirement for the Health and Wellbeing Board to produce a Pharmaceutical Needs Assessment.

2. JSNA Background

2.1 In 2011/12 a full new JSNA was carried out resulting in publication of new JSNA report in June 2012. A key focus is health inequalities and the evidence in 'Fair Society, Healthy Lives – The Marmot Review' around reducing health inequalities is used to present the JSNA findings. The report consists of geographical summaries for North Yorkshire as a whole, its individual districts and its Clinical Commissioning Groups. These are supported by over 50 detailed topic summaries which describe the main determinants of health, specific conditions and population groups. For detailed data people are directed to STREAM (<http://www.streamlis.org.uk/>) the local on-line information system for North Yorkshire and York.

The JSNA provided the starting point for the development of North Yorkshire's first Joint Health and Wellbeing Strategy published in December 2012.

3. JSNA National Guidance

3.1 Updated guidance on JSNA was published by the Department of Health in March of this year and can be downloaded: www.gov.uk/government/consultations/health-and-wellbeing-board-duties. Some key points from the guidance are as follows:

- Local authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare JSNAs through the Health and Wellbeing Board. The responsibility falls on the health and wellbeing board as a whole with the expectation that all members will work together throughout the process.
- JSNAs are assessments of the current and future health and social care needs of the local community. As well as needs that could be met by the local authority, CCGs or NHS England, wider determinants of people's health and wellbeing can be, and are encouraged to be, considered.
- The JSNA should include the assessment of the needs of the entire local population. It should cover all ages and include people in disadvantaged areas and vulnerable groups who experience inequalities.
- There is no template that must be used or data set that must be included, but range of qualitative and quantitative evidence should be used.
- JSNA reports must be published. Making them public will explain to the local community the board's assessment of their needs and, if they choose to include them, assets. Publication will show what evidence has been considered, and what priorities have been identified. It should include a summary of community views, how they have been used; and also whether any other views have been considered.
- Local areas are free to undertake JSNAs in a way best suited to their local circumstances.

- Health and Wellbeing Boards will need to decide for themselves when to update or refresh their JSNA.

4 JSNA review

- 4.1 It is important that there is a clear understanding of what people and organisations in North Yorkshire expect from their JSNA. An informal consultation exercise has been undertaken during which the views of organisations and individuals, particularly the key stakeholders, have been sought.
- 4.2 Views and opinions were gathered using a combination of email and website requests plus face to face meetings. The following series of questions was used as a framework to help collect information:
- **How have you used the JSNA?**
 - **How could it be improved?**
 - **What should be the scope of the JSNA?**
 - **How often should a JSNA report be published?**
 - **Should in-depth reports on selected topics be produced?**
- 4.3 Meetings have been held with CCGs, NYY Forum for Voluntary Organisations, Armed Forces Community Covenant Group, Age UK and NYCC Children and Young People services and Health and Adult services. Feedback was also obtained by email from Health Watch, The Carers Resource and the Hambleton and Richmondshire Carers Centre.

5. Summary of JSNA consultation finding

- 5.1 *Use of the JSNA:* Most organisations reported that they had used the JSNA, although some CCGs felt the Joint Health and Wellbeing Strategy was more useful when setting priorities. The voluntary sector used the JSNA to help with service development and to support funding applications.
- 5.2 *Improvements and scope:* While there was general support for the JSNA to continue to address the wider determinates of health there was less support for structuring around the Marmot domains. Some organisations felt the domains were too child focussed, however it was also felt that despite using the Marmot structure the report had too little actual children and young people content. It was generally agreed that public engagement was an important part of the JSNA. However concerns were raised, particularly from the voluntary sector about how representative the 2012 JSNA engagement had been. More efforts should be made to gather more widely ranging representative views. Data and other content should be as locally focused as possible. The Vale of York and the Airedale, Wharfedale and Craven CCGs were particularly interested in how the cross boundary issues (i.e. more than one Health and Wellbeing Board and JSNA) could be better handled. It was also suggested that the JSNA should contain more information about potential actions/responses/solutions to identified unmet needs. Although some of the 2012 JSNA topic summaries did contain details of best practice/national guidance, this is an area that could be more consistently developed. Details of trends and forecasts of future demand/need for services were felt to be very important.
- 5.3 *Publication frequency and special reports:* It was generally felt that it was important that the JSNA data content was kept as up to date as practically possible. However there were reservations about carrying out a full JSNA at frequent, regular intervals. The concept of making the JSNA a more continuous process including production of special in-depth, so called “deep dive”, topic reports was supported. CCG’s and some of the voluntary sector were also interested in the possibility of being able to request reports on specific local commissioning issues.

6 JSNA Proposals

- 6.1 *Frequency of report publication:* We recommend the following option for future publication of JSNA reports:
- An annual refresh of core data to be carried out, potentially timed to feed into the Director of Public Health’s annual report.
 - An in-depth report on a different topic to be produced each quarter. A twelve month rolling plan topic titles to be agreed by the Health and Wellbeing Board.

A full review/refresh of the JSNA report to be produced every five years. Timing to be reviewed at least annually and adjusted if the Health and Wellbeing Board consider an earlier or later publication has become more appropriate.

An alternative option would be as follows:

Full refresh of the JSNA report to be published at fixed time intervals e.g.3-5 years.

6.2 *Editorial group*: Previous North Yorkshire's JSNAs have been led by NYCC adult services with significant support from Public Health as part of the PCT. It is proposed that North Yorkshire Public Health team continue to contribute resources and coordinate the North Yorkshire's JSNA, it should be noted that the JSNA is the joint duty of NYCC and the North Yorkshire CCGs. There is a collective responsibility of all members of the Health and Wellbeing board to be involved in its production. It is important that all members have joint responsibility to carry out the JSNA including actively engaging with the production and supply of required data.

It is proposed that a JSNA editorial group is created. This will act as a steering group to formulate development of the JSNA and also as a working group to co-ordinate and when necessary undertake work needed around the JSNA process and production of JSNA reports. Membership of the group will include representatives of CCGs, adult services, children's services, district councils and the voluntary sector. **The chair of the group to be nominated by the Health and Wellbeing Board.**

6.3. *Community Engagement*: It is generally agreed that inclusion of the views and opinions of people and organisations should continue to be an important part of the JSNA process. In order to increase engagement and to make the comments more representative while controlling costs, it is proposed to investigate opportunities for co-hosting/organising JSNA engagement with engagement/consultation activities being undertaken by other organisations, with additional support and direction being provided by Healthwatch.

6.4 *Community Assets*: It is proposed to develop the community asset content of the JSNA around the concept of Joint Strategic Asset Assessment (JSAA). This would be carried out initially in two or three selected areas of the county to confirm practicality, the depth of detail required and to confirm overall utility.

6.5 *Children and Young People*: Although the 2012 JSNA acknowledged the importance of children and young people's situations and experiences in determining lifetime outcomes, the JSNA (and also JHWS) contained limited information and discussion about children and young people. It is important that this is rectified in future JSNA work, linking more clearly with information and data held on children and young people, e.g. the Every Child Matters local survey.

6.6 *Localisation*: Consideration to be given to how the JSNA can be made more "local" by responding to requests for mini-studies on topics of local concern (e.g. from CCGs) and how this could be co-ordinated with the North Yorkshire public health team health intelligence responsibility to provide support to CCGs.

6.7 *Communication*: Consideration to be given to how to effectively and efficiently communicate details and interpretations of new and updated data sources are available. This again could be a coordinated JSNA/Public Health intelligence activity.

6.8 *Cross boundary issues*: It is proposed to work with the City of York to investigate joint production of core JSNA information in the Vale of York CCG, aligning data and definitions to avoid confusion and create consistency. Results of the work with the City of York will be used to guide decisions on cross boundary JSNA working for the Airedale, Wharfedale and Craven CCG.

6.9 *Shared development*: Consideration to be given to how the production of JSNA and can be linked in with development of other North Yorkshire strategies where there are shared topics and requirements. An example is alcohol consumption which has significance to both the JSNA and the Police/Safer Communities Partnerships' Joint Strategic Intelligence Assessments (JSIA).

7. North Yorkshire Pharmaceutical Needs Assessment (PNA)

7.1 The Health and Social Care Act 2012 transferred responsibility to develop and update a Pharmaceutical Needs Assessment (PNA) from PCTs to Health and Wellbeing Boards. A Health and Wellbeing Boards first PNA must be published no later than the **1st April 2015**. They will then be

required to publish a revised PNA within three years of publication of their first assessment or as soon as practically possible if significant changes are identified sooner in the availability or need for pharmaceutical services. There is also a responsibility to ensure that the current PNA is updated if any significant change is identified prior to the planned publication of the HWB first PNA.

Although the JSNA and PNA are related documents and may share some of their development activity and mutually inform each other, they must exist as separate documents. The PNA cannot be published as an integral part of the JSNA.

- 7.2 Although legislation clearly states that from April 2013 Health and Wellbeing Boards have the responsibility to carry out and publish a PNA there is no instruction as to what organisation should lead the PNA on behalf of the Health and Wellbeing Board.
- 7.3 Failure to comply with the regulatory duties and produce a timely and robust PNA may lead to the HWB facing legal challenge. For example, a legal challenge could be made if someone believes they have been disadvantaged following the refusal by the NHS England, based on information contained in the PNA, of an application to open new pharmaceutical premises.
- 7.4 The time needed to carry out a robust PNA should not be underestimated, particularly because of the requirement for wide ranging formal consultation on a draft PNA. It is recommended that at least 12 months is allowed to carry out a PNA. This means to ensure that the HWB publish its first PNA no later than the 1st April 2015 it is essential that decisions are made as soon as possible on how North Yorkshire's PNA will be organised. To allow commencement of the actual PNA process by March 2014 organisational aspects need to be finalised by the start of 2014.
- 7.5 It is proposed that a PNA steering group should be created to run alongside the proposed JSNA editorial group. The group will initially produce plans for agreement by the Health and Wellbeing Board on how the PNA should be carried out, including a recommendation on which organisation should lead, on behalf of the Health and Wellbeing Board, the development of the PNA. Subsequently the group will be responsible to the Health and Wellbeing Board for the actual production of the PNA.

8. Action requested

- The Health and Wellbeing Board is asked to accept the recommended JSNA publication frequency based on the options described in section 6.1
- The Health and Wellbeing board is asked to consider and approve the proposals for the future development of the JSNA process in North Yorkshire as outlined in sections 6.2 – 6.9 including the formation of a JSNA editorial group
- To nominate someone to chair JSNA editorial group.
- To approve the formation of a PNA steering group to run alongside the proposed JSNA steering group.

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