

Report to:	HEALTH AND WELLBEING BOARD
Date:	19 January 2023
Reporting Officer:	Debbie Watson - Director of Population Health
Subject:	TAMESIDE JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP
Report Summary:	This report provides updates on recent work to contribute to Tameside's Joint Strategic Needs Assessment (JSNA) and outlines plans going forward to ensure that the JSNA provides a useful, strategic suite of resources to assist in system decision making; and that this is adequately resourced and has a robust process to ensure that relevant work is appropriately prioritised and up to date. This also relates back to the JSNA being a core function of the Health and Wellbeing Board in terms of oversight of this process.
Recommendations:	That the Health and Wellbeing Board note the updates in the report and accept the proposals to establish a new sub-group of the Board, which will be the JSNA Steering Group, to be chaired by the Assistant Director of Population Health, with system-wide membership and input.
Corporate Plan:	The statutory role of the Health and Wellbeing Board is key to Tameside's wider approach to improving health and wellbeing of the population, which includes the statutory function of having a robust JSNA in place. This will support decisions and services, which impact across most areas of the corporate plan, but particularly around the priorities Very Best Start, Nurturing Our Communities, Longer and Healthier Lives, and Independence & Dignity in Older Age. There are also specific objectives across the Corporate Plan, which a robust JSNA approach will contribute to in ensuring that relevant needs are understood and decisions are taken to support those. This strong ongoing focus on the JSNA, which sits with the Board, will ensure a focus on evidence-led strategic decision making to improve the health and wellbeing and tackle inequalities across our communities in Tameside.
Policy Implications:	The Board should note the updated national guidance for Health and Wellbeing Boards and regarding the role of the JSNA, as these set out the role and purpose of the Health and Wellbeing Board and the JSNA, as well as the elements of continuity and change in the relationship between the Health and Wellbeing Board and the newly established integrated care system.
Financial Implications: (Authorised by the statutory Section 151 Officer and Chief Finance Officer)	There are no direct financial implications that require highlighting within this report. The recommendation is to set up a new Joint Strategic Needs Assessment (JSNA) sub-group that sits under the Health and Wellbeing Board. The only costs associated with this decision is staff time attending this additional sub-group, based on the group size is not material and already within existing cost of establishment budgets for Tameside Council.
Legal Implications: (Authorised by the Borough Solicitor)	The legal implications are detailed in the main body of the report with a detailed explanation of the statutory functions in section 2 of the report.

Risk Management:

This updated position to our local approach to the JSNA in Tameside reflects a more systematic, robust approach to ensuring that we are implementing this statutory function of the Health and Wellbeing Board as a statutory committee of the Council. It is important that these functions continue to be delivered by the Board and the proposed steering group as outlined in the report.

Background Information:

The background papers relating to this report can be inspected by contacting James Mallion, Interim Assistant Director of Population Health



Telephone: 07970 946485



e-mail: james.mallion@tameside.gov.uk

1. INTRODUCTION

- 1.1 The Health and Wellbeing Board (HWB) for Tameside has a number of statutory functions¹ including production of a joint local health and wellbeing strategy; a pharmaceutical needs assessment; and a joint strategic needs assessment (JSNA).
- 1.2 JSNAs are a mechanism by which local areas put evidence forward to assess the health and wellbeing needs of the population. This process and having these products in place are crucial to enabling the system to ensure that the needs and local determinants of health of the local population are identified and agreed.
- 1.3 In producing and updating JSNAs, engagement across the system and population is crucial in ensuring that wider needs are captured, as well as considering accessibility for a range of users (e.g. easy-read formats). As per newly updated national guidance on the back of the Health and Care Act (2022), it is also important that the local Integrated Care Board (ICB), which is the Strategic Partnership Board in Tameside, has regard to the evidence in the JSNA when exercising its functions.
- 1.4 In order to ensure that the JSNA for Tameside is fit for purpose and robust in terms of the process followed to complete the required work, it is proposed that a new sub-group of the Health and Wellbeing Board is established, which will act as a 'JSNA Steering Group'. This group will hold oversight of all work in relation to the JSNA. It will be chaired by the Assistant Director of Population Health and will have system-wide membership and input. This steering group will regularly report back in to the HWB with updates on the work-plan of the JSNA and significant updates and pieces of work of relevance to Board members.
- 1.5 The aim will be to have:
- an agile working group, which brings expertise and input together from across the system;
 - a systematic process by which JSNA products are prioritised and completed;
 - an accessible, detailed suite of documents and tools, which comprise the JSNA for Tameside, which provide strategic direction for decision making, commissioning, and regulatory assurance; and
 - adequate links across the system, particularly to the local Integrated Care Board (ICB), to ensure the evidence from the JSNA informs strategic prioritisation and decision making.

2. STATUTORY FUNCTIONS OF THE JSNA AND HEALTH AND WELLBEING BOARD

- 2.1 JSNAs are assessments of the current and potential future health and social care needs of the local community. There is a focus on needs that can be met by local service provision. The JSNA is not one document at one point in time. It should form a suite of documents and resources, which provide varying levels of information, evidence and insight into these health needs. Some of these will be brief overviews of key data on particular issues, while some will be much more detailed needs assessments considering qualitative and quantitative data, full gap analyses of existing provision, and demonstrate effective consultation and engagement with local communities on specific issues.
- 2.2 There is statutory guidance for JSNAs first published by the Department for Health in 2013, on the back of the Health & Social Care Act (2012)². This guidance was updated in August 2022 to reflect the changes in the Health and Care Act (2022) with Clinical Commissioning Groups (CCGs) being abolished and their functions being assumed by ICBs. The role for

¹ [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)

² [Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance/2022-08-18-statutory-guidance-on-joint-strategic-needs-assessments-and-joint-health-and-wellbeing-strategies)

Health and Wellbeing Boards being responsible for the delivery of JSNAs remains, but these must have regard to the integrated care strategy set out by the ICB.

- 2.3 Some of the points emphasised in the statutory guidance around JSNAs include:
- the requirement for the HWB members to be collectively responsible for preparing the JSNA;
 - that it is down to local determination how to prioritise and structure the JSNA;
 - a range of different data should be used including qualitative and quantitative and also including information on existing assets and services;
 - community participation should be built in to the JSNA process;
 - JSNA should be a continuous process; and
 - there should be a focus on issues and communities where inequalities have a greater impact.
- 2.4 With the establishment of the ICB at a GM and Tameside level, this is an opportunity to revise the content and approach of the JSNA for Tameside to ensure that it remains an effective tool for strategic prioritisation and decision making at both place and system level, while also fulfilling the statutory role as outlined above.

3. PRIORITIES FOR THE JSNA IN TAMESIDE

- 3.1 There are a range of factors, which need to be built in to the working processes for the JSNA in Tameside and to determine how work is prioritised.
- 3.2 The key health outcomes and metrics within the Public Health Outcomes Framework³ will continue to be a crucial source of data and evidence around what the main health outcomes of concern are for Tameside in terms of those issues, which we know our population experience worse outcomes for. This particularly relates to issues that Tameside is an outlier for when compared to neighbouring and similar areas, or issues that Tameside shows a declining trend in terms of outcomes. It is also important that work continues to focus on groups in the community facing inequalities and additional barriers, which may include protected characteristics as well as other parts of the population. The JSNA Steering Group will maintain the focus on key health outcome metrics to determine areas that require further analysis and potential deep dive needs assessment work.
- 3.3 It is important to align our wider strategic priorities to the work plan of the JSNA Steering Group including the priorities around the wider determinants of health set by the Health and Wellbeing Board, these being: poverty; work & skills; and healthy places. These areas, which are broad, should continue to be a focus of priority work within the JSNA Steering Group. One of the most recent pieces of work published under the JSNA is the Poverty Needs Assessment, which demonstrates the ongoing commitment to this strategic priority.
- 3.4 The approach to producing the JSNA for Tameside should continue to follow the principles set out in the recently agreed Charter for the HWB, which commits members to: basing strategic leadership on evidence; focusing on the wider determinants of health; involving the public in decision making; and being prevention focused.
- 3.5 Having a robust JSNA process also ensures we are fulfilling the GM Population Health Framework model, which has previously been presented to the HWB, which states that local systems should ensure that good processes as well as capacity and specialist capabilities are in place around data intelligence, research and evaluation.

³ [Public Health Outcomes Framework - OHID \(phe.org.uk\)](https://www.phe.org.uk/public-health-outcomes-framework)

- 3.6 There are also other purposes for which the system must ensure robust, up to date JSNA and specific needs assessments are available for, including regulators such as CQC and OFSTED. Where there are particular recommendations or areas of concern highlighted by such external regulators, these should also be part of the prioritisation framework for JSNA work planning going forward.

4. NEXT STEPS

- 4.1 Following HWB on 19 January, it is proposed that the JSNA steering group will be coordinated and will have an initial meeting in February 2023 to agree membership and terms of reference.
- 4.2 The steering group will develop a work plan for 2023/24 to prioritise and coordinate relevant pieces of work to continue to develop the JSNA for Tameside. This should include a systematic prioritisation framework to ensure key pieces of work are completed and up to date as outlined in section 3 of this report.
- 4.3 The steering group will provide regular updates on the JSNA work plan for the HWB and will also bring updates forward to other key forums, particularly the Tameside Strategic Partnership Board and Provider Partnership.

5. RECOMMENDATIONS

- 5.1 As set out at the front of the report.