## Manchester Health and Wellbeing Board Report for Information

Report to:	Manchester Health and Wellbeing Board - 29 August 2018
Subject:	Joint Strategic Needs Assessment Work Programme 2018/19
Report of:	Director of Public Health for Manchester

## Summary

The Health and Wellbeing Board continues to have statutory responsibility and oversight of the delivery and use of the JSNA as set out in the Health and Social Care Act 2012.

This paper describes the process of developing the JSNA Work Programme for 2018/19, outlines the priorities in terms of the next set of future topics and describes the new governance structure.

## Recommendations

The Board is asked to:

- i) Note the proposed list of topics for delivery by the end of December 2018 and the revised governance arrangements through the Health and Social Care Commissioning Group
- ii) Continue to use and promote the value of the JSNA and support the collection of evidence to demonstrate the use of JSNA in commissioning decisions

# **Board Priority(s) Addressed:**

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our	The evidence contained in the JSNA
communities off to the best start	contributes to the development of activities
Improving people's mental health and	in respect of each of the Health and
wellbeing	Wellbeing Board strategic priority areas.
Bringing people into employment and	
ensuring good work for all	
Enabling people to keep well and live	
independently as they grow older	
Turning round the lives of troubled	
families	
One health and care system – right care,	
right place, right time	
Self-care	

## **Contact Officers:**

Name:	Neil Bendel
Position:	Public Health Specialist (Health Intelligence)
Telephone:	0161 234 4089
E-mail:	n.bendel@manchester.gov.uk
Name:	Louise Marshall
Position:	Programme Lead (Children and Young People's Public Health)
Telephone:	0161 234 4736
E-mail:	Iouise.marshall@manchester.gov.uk

## Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

The Children and Young People JSNA and the Adults and Older People JSNA can both be accessed via the Manchester City Council website at http://www.manchester.gov.uk/jsna.

The Area Profiles section of the JSNA website provides access to a set of Neighbourhood Profiles that have been developed to assist the 12 integrated neighbourhood teams in Manchester with identifying local priorities in respect of the design and delivery of health and care services at a local level.

## 1 Introduction

- 1.1 The Local Government and Public Involvement in Health Act 2007 (as amended by Health and Social Care Act 2012) makes it clear that each local authority must, together with its partner Clinical Commissioning Groups (CCGs), prepare and publish a Joint Strategic Needs Assessment (JSNA) for its area and, furthermore, that both sets of organisations should have regard to this JSNA when exercising its functions as a commissioner of health and care services for their populations.
- 1.2 The first Manchester JSNA was published in November 2008 but, with a few notable exceptions, there is little evidence of the JSNA genuinely influencing and informing commissioning decisions in the city as envisaged by the legislation. The establishment of Manchester Health and Care Commissioning (MHCC) and the creation of more joined-up governance structures for operational planning and commissioning across the health and care system provide an opportunity to redress this situation and move the JSNA back towards the forefront of the commissioning process in the future.
- 1.3 This paper describes the process of developing the JSNA Work Programme for the second half of 2018/19, outlines the proposed set of future topics and describes the new governance arrangements that are being put in place as well as the arrangements for evaluating the JSNA process and its impact on commissioning and decision making in the city.

#### 2 Published topics

- 2.1 New topics are being added to the JSNA website at a steady rate. This is line with our ambition to make the JSNA a live resource that is refreshed regularly and expanded over time as needed. The Children and Young People JSNA now includes 29 individual topic papers and the Adults and Older People JSNA includes 17 topic papers. A list of the current topics is contained in Appendix 1 of this report.
- 2.2 The topics published as part of the JSNA are deliberately wide ranging and cover key long term conditions, such as cancer, diabetes and respiratory disease, as well as wider determinants of health and wellbeing, healthy lifestyles and key population groups with specific needs. This is illustrated by the most recent set of topic reports, published on 18 July 2018, which included faith and health, carers, new refugees and migrant groups, and teenage pregnancy/under 18 conceptions.
- 2.3 Each JSNA topic paper is produced in discussion and collaboration with a range of different stakeholders. For example, the topic paper on faith and health was produced through ongoing dialogue with the Faith Network for Manchester and Faith Action. Similarly, the non for profit organisation TS4SE (http://ts4se.org.uk/) were commissioned to undertake some further engagement with migrant communities in Manchester to provide additional evidence for the JSNA topic paper on new refugees and migrant groups. The JSNA is also intended to be a useful tool for Voluntary and Community Sector (VCS) organisations, providing useful information about the local population

and providing data and evidence to support applications to a range of funding bodies.

2.4 In addition to publishing new topics, a process is in place for updating existing topics, starting with those that were published as part of the first tranche of the Children and Young People JSNA in November 2015.

## 3 JSNA Work Programme 2018/19

- 3.1 In previous years, JSNA topics have emerged through a combination of informal conversations, individual requests and some horizon scanning on the part of the Population Health Knowledge and Intelligence Team. However, it is recognised that the process of agreeing the JSNA work programme has to be done in a more systematic manner in the future and with a greater degree of input from senior managers, commissioners and other local stakeholders, including the Manchester Local Care Organisation (LCO) and Healthwatch Manchester.
- 3.2 For the second half of 2018/19, an attempt has been made to ensure that the planned JSNA topics have a much greater 'fit' with the strategic priorities and areas of work of MHCC and its partners as contained in the:
  - Locality Plan
  - MHCC Operational Plan
  - Population Health Plan
  - Children and Young People's Plan
  - Manchester Ageing Strategy
- 3.3 The following list of topics has been arrived at through a review of the documents described above, together with individual discussions with individuals from different directorates and teams within MHCC, including Commissioning, Planning and Operations Team. Medicines Optimisation, Mental Health Commissioning and Population Health and Wellbeing. The relevant legislation also makes it clear that statutory partners must involve the local Healthwatch in the JSNA process and so the priorities of Healthwatch Manchester have also been taken into account.

#### Existing work to be completed

3.4 Work on the following topics is already underway and will be completed by the dates listed in the table below.

Торіс	Completion date
Social Model of Disability	September 2018
Tobacco Control	September 2018
Common Mental Health Disorders	September 2018
Social Isolation and Loneliness	September 2018
Antimicrobial Resistance	September 2018
Health of Armed Forces and Veterans	November 2018
New Psychoactive Substances	December 2018

#### Priority topics for completion

3.5 Based on feedback from senior commissioning managers and other partners, it has been agreed to prioritise work on the following topics during Quarter 3 (September to December) 2018. Lead authors for each topic have been identified.

Торіс	Completion date
Learning Disabilities	December 2018
Cardiovascular Disease	December 2018
Physical Activity	December 2018
Residential and Nursing Care	December 2018
Dementia	December 2018
Young People Experiencing Homelessness	December 2018
Suicide Prevention (Children and Young People)	December 2018
Maternal Mental Health	December 2018

## Potential future topics

3.6 The following topics have also been identified as areas that would benefit from the development of a JSNA topic report. The potential for undertaking work on these topics will be reviewed at the end of 2018 and, if agreed, work will begin in early January 2019 with the aim of completing the topic papers by the end of March 2019.

Торіс	Completion date
Oral Health	March 2019
Prisoners / prison leavers	March 2019
Problem Gambling	March 2019
Severe and Enduring Mental Health Conditions	March 2019
Dermatology	March 2019
Children with Special Educational Needs and Disability	March 2019
Children with Long Term Conditions	March 2019

## 4 Evaluation and learning

- 4.1 It is now timely to undertake a formal evaluation of the JSNA. This will allow us to maximise the opportunities provided by the integration of health and social care partners in order to optimise the JSNA process and ensure high quality, fit for purpose topic papers.
- 4.2 The key questions in scope for the evaluation are listed below. However these are not set in stone and are subject to development as the evaluation evolves.
  - The impact of the JSNA in terms of changing practitioner awareness and practice
  - The barriers and facilitators around both the production of and use of the JSNA
  - Whether the JSNA is a robust quality document fit for purpose

- Opportunities for improvement
- 4.3 The evaluation will consider both the process and outcomes of Manchester's JSNAs by using a logic model approach and will utilise a range of sources including:
  - Documentary analysis (programme management guidance / topic report content etc.)
  - Interviews with key stakeholders (e.g. topic co-production partners)
  - Focus groups (linking in to existing meeting arrangements)
  - Case studies (e.g. from inception and development of topic through to use of evidence in commissioning).
- 4.4 This will provide a wealth of information that we can triangulate to determine the extent to which the JSNA embodies MHCCs key value of making decisions based on evidence and data.

## 5 Governance

- 5.1 The Health and Wellbeing Board will continue to have statutory responsibility and oversight of the delivery and use of the JSNA as set out in the Health and Social Care Act 2012. Additional oversight of the Children and Young People JSNA will be provided by the Children's Board in line with OFSTED requirements.
- 5.2 However, in order to support greater alignment with operational planning and commissioning processes, it has been agreed that responsibility for promoting system-wide use of the JSNA to support effective and evidence-based decision making will fall within the Terms of Reference of the Health and Social Care Commissioning Group, chaired by the Executive Director of Strategic Commissioning in MHCC.
- 5.3 Starting in September 2018, the Health and Social Care Commissioning Group will receive a quarterly update on progress delivering the annual JSNA work programme. This will help to improve the strategic engagement of MHCC and its partners (incl. the LCO) with the JSNA process and help to ensure that the JSNA becomes an integral part of the commissioning process rather than an 'add on'. A detailed Delivery Plan is also currently being developed.
- 5.4 Regular updates are also being provided to the MHCC Executive Team via the monthly Operational Plan and Financial Sustainability Progress Reports.

# Appendix 1 – Published JSNA topic papers (August 2018)

## Children and Young People JSNA

Theme	Торіс
Wider Determinants of Health	Wider Determinants of Health
Pre-conception and Pregnancy	<ul> <li>Smoking in pregnancy</li> </ul>
	<ul> <li>Maternity (pregnancy, antenatal and</li> </ul>
	postnatal care)
Infancy and Early Years	Breastfeeding
	Infant mortality
Childhood	Childhood obesity
Adalaaaaaaa	Oral health
Adolescence	<ul> <li>16-18 years olds not in education,</li> <li>amployment or training (NEET)</li> </ul>
	<ul><li>employment or training (NEET)</li><li>Physical activity and fitness</li></ul>
	<ul> <li>Smoking and substance misuse among</li> </ul>
	young people
	<ul> <li>Teenage pregnancy / under 18 conceptions</li> </ul>
	Young people's sexual health
Mental Health and Emotional	Eating disorders
Health and Wellbeing	<ul> <li>Mental health, and emotional health and wellbeing</li> </ul>
Unintentional Childhood Injuries	Unintentional childhood injuries
Immunisation Programmes	Immunisation programmes
Early Help Offer incl. Families at Risk	Early Help Offer incl. Families at Risk
Safeguarding	<ul> <li>Child sexual exploitation (CSE)</li> </ul>
	<ul> <li>Domestic violence and abuse</li> </ul>
	<ul> <li>Female genital mutilation (FGM)</li> </ul>
	Neglect
	Safeguarding (children's social care)
Key Groups	Care leavers
	Looked after children (LAC)
	Pregnant teenagers and teenage parents
	Young carers
	<ul> <li>Young lesbian, gay, bisexual and trans (LGBT) people</li> </ul>
	Young offenders

# Adult and Older People JSNA

Theme	Торіс
Wider Determinants of Health	Air quality
	Faith and health
	Fuel poverty
	Work and health
Healthy Lifestyles	Falls
	Sexual Health
Mental Health	Suicide Prevention
Physical Health (Long Term	Cancer
Conditions)	Diabetes
	Respiratory disease
Key Groups	Adults with complex lives
	<ul> <li>Black and minority ethnic (BAME)</li> </ul>
	communities
	Carers Health
	End of life care
	<ul> <li>Homelessness and health</li> </ul>
	<ul> <li>Lesbian, gay, bisexual and trans (LGBT)</li> </ul>
	people
	<ul> <li>New refugees and migrant groups</li> </ul>