



JSNA Commissioning Group

Thursday 20th September 2012, 3pm – 5pm

Conference Room, Northgate House
Warwick, CV34 4JH

Agenda

1. Welcome and introductions	
- Your expectations of what the JSNA can do for you	
2. Apologies	
3. Terms of Reference and governance structure	
- Materials required e.g. decision log, action log, report formats.	
4. Priority setting & future priorities for needs assessments	
- What is a needs assessment?	
- What should it cover?	
- Agree needs assessment template	
- Agree work programme	
5. Public engagement	
- Priorities from community forums	
6. Local Information System (LIS) development	
7. Communication with key stakeholders	
8. A.O.B	
9. Next Meeting - TBC	

Structure and Local Governance Arrangements For Warwickshire JSNA

Health & Well-Being Board

The Health & Well Being Board is statutorily responsible for developing joint Health and Well Being Strategies based on the assessment of need outlined in Warwickshire's JSNA

JSNA Strategic Group

The Strategic Group has the responsibility for ensuring that the JSNA is embedded in local decision making and signing off significant JSNA. The membership of the group includes the Joint Director of Public Health, Strategic Director for People Group and Head of Strategic Commissioning. The group meet quarterly and feeds directly into the Health & Wellbeing Board. The Terms of Reference (TOR) for this group are included in Appendix A.

JSNA Commissioning Group

The JSNA Commissioning Group is responsible for the preparation and delivery of the JSNA and its components. It is responsible for commissioning decisions using the JSNA Analysis and for the setting of current and future editorial priorities. The group provides the link between the Strategic Group and the JSNA Working Group

Membership of the group covers a wide range of partners, and includes representatives from both the health and local authorities and other agencies. The group will meet on a bi monthly basis and a core representative group from public health, local authorities and voluntary sector will attend for the group to be quorate. The Terms of Reference (TOR) for this group are included in Appendix B

Comment [JB1]: Chair suggestion of bi monthly. Was previously suggested to be held quarterly.

JSNA Working Group

The JSNA Commissioning Group is supported by the JSNA Working Group. The Working Group on behalf of the Commissioning Group is responsible for the overall management and development of the JSNA. The Group will provide guidance, assist in the identifying of priorities and lead in the production and development of Warwickshire's JSNA.

Membership of the Working Group includes research, intelligence, consultation and commissioning representatives covering a wide range of partners as required and subject to commissioning priorities. The group will meet on a monthly basis and a core representative group from public health, WCC and the voluntary sector will attend for the group to be quorate. The Terms of Reference (TOR) for this group are included in Appendix C.

Governance Arrangements

Responsibility

Ownership of the JSNA

Responsible for the delivery of the JSNA

Responsible for agreeing the priorities and ensuring that they are delivered in an appropriate and accessible format by using the data provided

Responsible for getting the data and analysing it

Group

Health & Well Being Board
(Shadow)

JSNA Strategic Group

JSNA Commissioners Group

JSNA Working Group

Outcome

Current & future health & well-being needs of Warwickshire's populations are identified

Appendix A

JSNA Strategic Group – Terms of Reference

Background

The JSNA provides a framework to examine all the factors that impact on the health and wellbeing of Warwickshire's population including economic, education, housing and environmental factors. This information enables the prioritising of resources and the commissioning and decommissioning of services that will improve outcomes for Warwickshire's residents. The JSNA is the process by which the current and future health and well-being needs of Warwickshire's population are identified.

Purpose of Group

To provide leadership, strategic guidance, identify clear priorities, and champion the ownership of Warwickshire's Joint Strategic Needs Assessment (JSNA).

Responsibilities of the Strategic Group

- Provide the strategic leadership in the delivery of the Joint Strategic Needs Assessment for Warwickshire
- Discharge the statutory function to undertake a JSNA in Warwickshire
- Champion the ownership of Warwickshire's JSNA at the Warwickshire Health & Well-Being Board
- Provide strategic advice and guidance to both the Health & Well-Being Board and also the JSNA Commissioning Group
- Provide overall guidance and direction to the JSNA, including the setting and agreement of clear priorities resulting from the analysis
- Ensure the implementation of the JSNA Commissioning Programme and report progress on both outputs and outcomes to the Health & Well-Being Board
- Agree the future strategic direction of the work.

Governance

The JSNA is a statutory document produced in partnership across Health and Social Care. In Warwickshire, the JSNA has been undertaken jointly between the Director of Public Health and the Strategic Director for People Group.

The JSNA Strategic Group is responsible for the overall ownership and delivery of the JSNA to ensure that it becomes the robust evidence base for future commissioning and planning decisions for health and wellbeing in Warwickshire and will champion the JSNA at Warwickshire's Health & Well-Being Board.

Membership

- Director of Public Health, Warwickshire
- Strategic Director of People Group, Warwickshire County Council -
- Head of Strategic Commissioning, Warwickshire County Council

Subject to invitation only, request Members of the JSNA Commissioning Group and or the JSNA Working Group to attend meetings

Meetings

The Strategic Group shall meet on a quarterly basis.

JSNA Commissioning Group – Terms of Reference

Background

The JSNA provides a framework to examine all the factors that impact on the health and wellbeing of Warwickshire's population including economic, education, housing and environmental factors. This information enables the prioritising of resources and the commissioning and decommissioning of services that will improve outcomes for Warwickshire's residents. The JSNA is the process by which the current and future health and well-being needs of Warwickshire's population are identified.

Purpose of Group

To identify clear commissioning and editorial priorities for Warwickshire's Joint Strategic Needs Assessment (JSNA).

Responsibilities of the Commissioning Group

- Ensure that the JSNA is fully, properly and used to underpin commissioning, decommissioning and investment decision making in Warwickshire
- Provide guidance and direction to the JSNA, including the setting and agreement of clear priorities for Warwickshire
- Prioritise and agree the setting of current and future priorities for the annual work programme of the JSNA Working Group
- Provide advice and guidance to the JSNA Strategic Group
- Lead the evaluation of the JSNA in Warwickshire
- Ensure the implementation of the JSNA Commissioning Plan and report progress on both outputs and outcomes to the JSNA Strategic Group
- Agree the future direction of the work.
- Approve JSNA Needs Assessments
- Act as Programme Executive as appropriate and where guiding by the JSNA Working Group

Governance

The JSNA is a statutory document produced in partnership across Health and Social Care. In Warwickshire, the JSNA has been undertaken jointly between the Director of Public Health, and the Strategic Director for People Group.

The JSNA Commissioning Group is responsible for commissioning decisions using the JSNA analysis and for the setting of current and future editorial priorities. It provides the link between the Strategic Group and the JSNA Working Group. The group will include a range of partners in shaping the priorities for JSNA in Warwickshire and will lead on the evaluation of its success.

Membership

Membership of the Commissioning group will include senior representatives from both the health and local authorities, and other agencies where appropriate, who have responsibility for commissioning decision making. All members will ensure that the JSNA is transparently used in future commissioning and planning decisions for health and wellbeing in Warwickshire.

Membership of the group is as follows:-

To be completed when confirmed

- Head of Strategic Commissioning, Warwickshire County Council (Chair) Chris Lewington
- Head of Warwickshire Observatory – Andy Davis
- Public Health Consultant – Rachel Robinson

Meetings

The Commissioning Group shall meet on a bi monthly basis and last 2 hours.

Meetings will be serviced by (to be determined) Wherever possible, agenda and papers will be circulated seven days prior to a meeting.

All Group members shall nominate a substitute at attend meetings in their absence.

Action notes will be recorded and written up as soon as possible after the meetings and circulated to all Members within a week after the meeting

JSNA Working Group – Terms of Reference

Background

The JSNA provides a framework to examine all the factors that impact on the health and wellbeing of the Warwickshire population including economic, education, housing and environmental factors. This information enables us to prioritise resources and commission services that will improve outcomes for Warwickshire's residents. The JSNA is the process by which the current and future health and well-being needs of Warwickshire's population are identified.

Purpose of Group

To provide guidance, identify priorities and lead in the production and development of Warwickshire's Joint Strategic Needs Assessment (JSNA) and to ensure that it is embedded within future commissioning and planning decisions for health and wellbeing.

Responsibilities of the Working Group

- Discharge the statutory function to undertake a JSNA in Warwickshire.
- Prioritise and coordinate the development of intelligence within the JSNA.
- Provide overall guidance and direction to the JSNA on behalf of the responsible Directors.
- Provide technical advice and expertise to the JSNA Commissioning Group.
- Advise the JSNA Commissioning Group to ensure adequate technical and managerial input is available.
- Produce a detailed work programme to take forward and develop Warwickshire's JSNA
- Ensure the implementation of the work programme and report progress to the Commissioning Group
- Provide advice on the key components and methodologies of needs assessments.
- Facilitate the embedding of JSNA recommendations within commissioning, planning and delivery.
- Liaise and link with the Local Information System (LIS) Partnership Group to ensure development of appropriate infrastructure to support the JSNA.
- Oversee the updates to the content of the JSNA and ensure effective version control.

- Coordinate and oversee consultation activity on the JSNA to ensure local people, relevant groups and professionals are engaged in the process.
- Provide editorial advice and oversight of the JSNA.
- Evaluation of the JSNA to feed into future iterations of it.

Governance

The Working Group is responsible for the overall management and development of the JSNA on behalf of the Director of Public Health, Strategic Director of People Group. The Working Group will regularly report to the JSNA Commissioning Group who will in turn report to the JSNA Strategic Group.

Membership

Membership of the Working Group will comprise of representatives from Warwickshire County Council, NHS Warwickshire and other agencies within Warwickshire involved in carrying out research, consultation and needs assessments across the health and social care sectors and a core representative group from public health, WCC and the voluntary sector will attend for the group to be quorate

Comment [JB2]: Chair comment: Will the VCS be delivering JSNA projects?

Meetings

The Working Group meet on a monthly basis and serviced by NHS Warwickshire, through the Public Health Intelligence Manager. Wherever possible, agenda and papers will be circulated seven days prior to a meeting.

Group members shall nominate a substitute to attend meetings in their absence and minutes of meetings will be recorded and written up as soon as possible after the meetings.

The Chair of the Group shall be the Public Health Intelligence Manager at NHS Warwickshire.

Reference	Title	Type of Work	Resource	Timescale	Term	Summary	Commissioned by	Lead	Contact	Priority	Progress	Outcome	Signed Off By	Published / Location	Comments
11	Quality of Life 2012	Analysis of wider sociodeterminants	High	Sep-12	Long term	Annual document to be completed by the Observatory team by end of September 2012 - includes analysis of wider sociodeterminants of health & well being		WCC	Jemma Bull	High	On-going	Annual Review	Warwickshire Observatory Spencer Payne/Andy Davis	Observatory Blog Observatory Website JSNA Website	
24	Stakeholder Conference	Communications	High	On-going	Long term	Planning for conference in Spring 2013?		Other - Please specify		High	Yet to Start				
32	Dementia Services (South Warwickshire)	Communications	High	Sept 2012 - Jan 2013	Short term	To join with partners in a conference around dementia services / issues in South Warwickshire with special emphasis on championing the provision of the Admiral Nurse service in the South	LINK*	LINK*	Deb Saunders	High	Yet to Start				Taken from Warwickshire LINK, Overview of Work Programme - not for wider
40	Relationship building with Clinical Commissioning Group	Communications	High	On-going	Long term	To establish dialogue with the CCG's to start to initiate a working relationship	LINK*	LINK*	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider
8	Future Events/ Communication	Communications	High		Long term	Planning for future events and communications around updates, also communications between the different divisions and teams		Public Health	BIC/PH						
17	Presentations	Communications	Low	On-going	Long term	Highlighting findings/headlines from our analysis, e.g. recent presentations include N&B Area Committee, CSS Senior Leadership Team, Warwickshire LINK Council.		Other - Please specify	Rachel, Gareth, Andy	Medium	On-going				
33	Improve partnerships and joint working with a range of organisations	Communications	Low	On-going	Long term	To continue to attend a range of strategic meetings to raise the visibility and understanding of the work of LINK and it's movement to HealthWatch	LINK*	LINK*	Deb Saunders	Medium	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider
37	LINK Bulletin	Communications	Low	On-going	Long term	Ensure the bulletin is written and disseminated to all members and partners	LINK*	LINK*	Deb Saunders	Medium	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider
16	Pledges Follow up	Communications	Low	On-going	Short term	Group responses and contact delegates regarding the pledges, linking where appropriate with specific projects identified in this document		WCC	Jemma Bull						To be deleted
21	JSNA Plain English Summary	Communications	Low	On-going	Short term	Idea proposed by Alison Gingell - Plain English Summary of Need / Key Findings to articulate to general public/patients/service users									
34	Increase the number of involved members	Communications	Medium	On-going	Long term	Develop a range of groups and initiatives across the county to engage and retain volunteers - Community Engagement Officer	LINK*	LINK*	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider
38	Marketing and Publicity	Communications	Medium	On-going	Long term	Ensure the website is up to date and accessible. Leaflet printed and ready for distribution. Promotional material designed and purchased.	LINK*	LINK*	Deb Saunders	Medium	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider
28	Dignity Project	Legacy Project	High	June 2012 - Feb 2013	Medium term	Commission Age UK to revisit the work done around Dignity and to re-engage with signed up homes but particularly to engage with homes that did not sign up last time. To work with Enter & View team to refresh training and develop 'Dignity Pathfinder' roles	LINK*	LINK*	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
31	End of Life Care (North Warwickshire)	Legacy Project	High	Aug 2012 - Dec 2012	Short term	To organise and host (with interested partners) a conference to open up dialogue and discussion about creating an innovative and effective process for managing End of Life care and related issues in North Warwickshire	LINK*	LINK*	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
35	Quality Accounts	Legacy Project	Medium	On-going	Long term	Working with HOSC and Coventry LINK to form on-going joint groups to work in a meaningful way with all 5 trusts in Warwickshire to ensure that QA's start to deliver	LINK*	LINK*	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider
5	Districts/CCGs 'Mini' JSNAs	Needs assessment	High	On-going	Short term	Develop needs assessment for 3 localities within Warwickshire working with CCGs and Districts, a request from the JSNA event	From Stakeholder	Public Health	PH Intelligence Team + Trainee	High	On-going	Annual Review		Due to be published on JSNA site in September	
9	Housing	Needs assessment	High	March 2012 - Sept 2012	Short term	Include housing data in LIS, support the local Housing Market Assessments, identify additional project work		Other - Please specify	Jenny Bevan	Medium	On-going				
6	Equality & Diversity	Needs assessment	Low	On-going	Long term	Look at Equality and Diversity issues within the JSNA, a cross cutting theme		???		Medium	Yet to Start				
10	Improved Integration of Qualitative Data	Needs assessment	Low	On-going	Long term	Coordination and collation of Healthwatch/Patient Engagement data/Establishing links with independent sector agencies who may hold useful data.		WCC	Jenny Bevan						
42	Child poverty 2012 refresh	Needs assessment	Medium	Report sent 05/09/12	Short term	The child poverty strategy was published in 2010 in line with LA statutory requirements but no action plan was put in place to deliver the strategy. Bill Basra in 2012 has been tasked with refreshing the strategy and implementing an action plan. Part of this required a refresh of the needs assessment by the Observatory and BIC.	Bill Basra	WCC	Kate McGrory (Obs) Jenny Bevan (BIC)	High	Completed		Bill Basra		
43	Infant mental health	Needs assessment	Medium	Report due 21/12/12	Short term	Following the draft Post Natal Depression chapter in January 2012, it was felt by the CAMHs commissioner Kate Harker than the chapter could be enhanced by broadening its remit to include infant mental health. This will feed into an Infant Mental Health strategy being launched Feb 2013 and being written by Warwick University.	Kate Harker and Infant Mental Health Strategy Group	WCC	Jenny Bevan (BIC)	High	On-going				
12	Alcohol & Drug Treatment Needs Assessment	Needs assessment	Medium	Oct-12	Long term	Needs assessment to be completed by Observatory team & commissioned by DAAT	WDAAT	WCC	Jemma Bull	Medium	On-going	Lifestyle factors affecting health & well-being	Warwickshire Drug and Alcohol Management Group (DAMG)	JSNA website Community Safety website Observatory Blog	
41	Delaying parenthood in LAC	Needs assessment	Medium	Report due 21/12/12	Short term	Looked after children are more likely than children who have not been in care to become teenage parents and their children are more likely to be taken into care. This project aims to understand why LAC in Warwickshire engage in risky sexual behaviour and what would help them to make an informed decision to delay parenthood.	County Sexperts Group - Jo Davies and Amy Danahay as	WCC	Jenny Bevan (BIC)	Medium	On-going				
44	Exploring the CAF/Social Care Threshold	Needs assessment	Medium	To be agreed	Short term	Following the LARC4 report which identified differences in practices across Warwickshire in terms of the threshold for social care when referred by CAF professionals, a piece of research was commissioned to understand the variables influencing the threshold decisions with a view to standardising practices across Warwickshire and identifying capacity issues.	Jenny Butlin-Moran & Pat Tate	WCC	Jenny Bevan (BIC)	Medium	Yet to Start				
25	Oral Health	Needs assessment	Resource requirement to be determined	To be agreed	Long term	New topic proposed by John Linnane following discussions with lead commissioner									
26	Dual Diagnosis	Needs assessment	Resource requirement to be determined	To be agreed	Long term	New topic proposed by John Linnane									
29	GP Access	Other	High	Sept 2012 - Feb 2013	Medium term	To revisit this report and re-circulate (slightly) updated questionnaire to establish a database of intelligence re GP's. Especially in light of reports from member re waiting times for appointments and telephone issues	LINK*	LINK*	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
30	Healthy Living Pharmacy	Other	High	Sept 2012 - Dec 2012	Short term	To act as 'mystery shoppers' for new Warwickshire initiative with pharmacies	LINK*	LINK*	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider
45	PD & SI Strategy	Other	Low	Unsure	Short term	A birth-death physical disability and sensory impairment strategy is being written which the JSNA is contributing to.	Andrew Sharp	WCC	Jenny Bevan (BIC)	High	On-going				
46	Market Positioning Statement	Other	Low	Unsure	Short term	The Adult Social Care market is setting out its market position expectation for the next 5-10 years which the JSNA is contributing to.	Andrew Sharp	WCC	Jenny Bevan (BIC)	High	On-going				
47	Adult JSNA Focus Group on Adult MHNA	Other	Low	1st December 2012	Short term	The Transformation Assembly has indicated it would like to play a larger role in the JSNA. A small group has put themselves forward to be involved in consultation and it was felt the Adult MHNA provided the earliest opportunity to capitalise on their enthusiasm to be engaged.		WCC	Jenny Bevan (BIC) Rachel Flowers (CET)	Low	Yet to Start				
36	NHS Changes	Other	Low	On-going	Long term	Monitoring development with NHS Warwickshire	LINK*	LINK*	Deb Saunders	Medium	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider
23	Website	Process	High	On-going	Short term	Updating the site, moderating comments, coordination of 'guest posts' idea, governance around the site, topic summaries ownership, develop online presentations, YouTube clips?		Public Health	Jenny & Amy (BIC), Public Health	High	On-going				Would be good to get some posts from John and Wendy dotted throughout the year, to give some further visibility to the leadership aspect of JSNA
39	Support transition to HealthWatch	Process	High	On-going	Long term	To work with Warwickshire County Council to plan for an effective transition to HealthWatch	LINK*	LINK*	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider
15	Needs Assessment / Training / Template	Process	Low		Short term	Develop the template for Needs Assessment to ensure a uniform approach and provide training where requested. This would also include clarifying the audience and may require a number of templates for simple scoping, rapid needs assessments and full needs assessment. This would link with the prioritisation process.	Commissioning Editorial Group	Public Health	Public Health Trainee	High	On-going				
18	Prioritisation	Process	Low		Short term	Develop and agree the prioritisation process for the annual review/Develop a prioritisation matrix for future needs assessments/activity	Commissioning Editorial Group	Other - Please specify	Led by Commissioning	High	Yet to Start				
27	Formal sign off process for future needs assessments	Process	Low	Sep-12	Short term	Development of a formal sign off for future needs assessments based on agreed set of criteria	Commissioning Editorial Group	WCC	Elizabeth Abbott	High	Yet to Start				
7	Evaluation	Process	Low	On-going	Long term	Measurement and evaluation of the impact of the JSNA - Is it fit for purpose?	Commissioning Editorial Group	Other - Please specify	All						This is the sort of work that is really important but will have such low priority that other things will come along. Is it one for the Commissioners Group to own?
19	Programme Management	Process	Low	On-going	Short term	Support to ensure the delivery of the JSNA through management of each project area		WCC	Andy & Rachel						
3	Commissioners Editorial Group	Process	Medium	April - May 2012 to establish	Short term	Establishing group, chairing, TOR to oversee governance/sign off/topic summaries	Strategic Group	WCC	Jenny Bevan	High					
2	Asset Based Approach	Scoping	Low	Sep-12	Long term	Initial scoping around work involved and project proposal around how to implement the approach	National Recommendation	Other - Please specify	??	Medium	Yet to Start				
22	'Super' Profile of Data	Suite of tools	Low	On-going	Long term	Development of a 'Super' Profile utilising data from various profiles released by the Public Health Observatories - will include subsequent analysis.	Public Health	Public Health	Pam Cork	Low	On-going				
4	Cross Boarder Issues	Suite of tools	Low	On-going	Short term	Linking to out of area JSNAs/Analysis of cross border issues with Coventry to inform work of the Arden CSS	From Stakeholder Event	Public Health	Gareth Wrench/Rachel Robinson	Medium	On-going				
14	Modelling	Suite of tools	Low	April - Sept 2012	Short term	Collating current models e.g. QOF prevalence, POPPI, population modelling, looking for gaps and developing new models where appropriate		Public Health	Paul Kingswell and William Tigbe						We've suggested that this could be a cross border collaborative piece of work to do, as both Coventry and Warwickshire are interested in this
20	Resources	Suite of tools	Low	On-going	Short term	Add additional resources to the site, other needs assessments, strategies, links to outcomes frameworks and performance management, core dataset, Marmot indicators		Other - Please specify	All						
1	Annual Review	Suite of tools	Medium	Jan - Feb 2013	Long term	Annual Review to be completed Sept or March each year, process needs to be led by Editorial Group	Commissioning Editorial Group	Public Health	Commissioning Editorial Group	High	Yet to Start	Annual Review			
13	LIS	Suite of tools	Medium	On-going	Short term	Include core dataset, develop front end, develop profiles, additional data		Public Health	Rob - BIC, Rumbi - PH						

* LINK projects subject to sign off by LINK Board on 21st September 2012

Name	Contact Details	Commissioning priorities next 2 - 3 years	Needs Assessments Outstanding	Commissioning cycle deadlines	Other Comments
Anna Burns	Anna.burns@warwickshire.nhs.uk	We already have the key messages from the JSNA which will inform our priorities but overall the 4 keys areas of work are <ul style="list-style-type: none"> • To build relationships with our patients and communities • To improve health and reduce health inequalities • To improve the quality of services and transform services • To make the best of our resources 	We have the JSNA at Warwickshire, district level; in the future it needs to be south Warwickshire. We would also want analysis at a more local level e.g. Leamington, Shipston or potentially at practice population level	We have to do commissioning intentions every September so we would need JSNA updates in April/May to give us sufficient time to work anything up that as new	
Angela Coates	angelacoates@north.warks.gov.uk paulrobberts@north.warks.gov.uk	* Improved services for young people * Enabling older people to stay independent in their own homes * Domestic abuse services	Reviewing support needs of vulnerable groups in liaison with Supporting People Understanding the impact of welfare reforms on single people and people with disabilities		Our comments are indicative. We will want to talk to district colleagues in order to come to a unified view on priorities
Etty Martin Joint commissioner for Sexual Health	Ettymartin@warwickshire.gov.uk Telephone 01926 742342	<ul style="list-style-type: none"> • Developing information and data and needs assessment related to the new awaited the Sexual Assault Referral Service (SARC) about to be launched this Autumn. • Evaluating the effect of the new Respect Yourself website launched this summer for example: • Understanding the Google analytics information relating to hits on the website and relating that to SH and other related inequalities. • Mapping need identified on the website to localities eg picking up trends as early as possible . • Ensuring that HIV tests are offered and taken much earlier than they are at present for Warwickshire residents. • Increasing the number of chlamydia screening tests performed in areas of high prevalence where uptake is maximised • Activity and uptake of new integrated GUM and Cash clinic model by locality 		Reviews of new initiatives being commissioned will need to be built in by September 2013 (SARC and GUM/ Cash integrated provision)	
Kate Harker	kateharker@warwickshire.gov.uk	<ul style="list-style-type: none"> • Work with Commissioning Support and Public Health to refine and enhance the child and adolescent mental health robust needs assessment • Continued development of clear and transparent clinical pathways and thresholds for specific conditions, collaboratively between, Specialist CAMHS, Education, Primary Care and Community Paediatrics to better inform specifications re referral criteria. • Continued refinement and improvement of outcomes monitoring to measure effectiveness of interventions across the CAMHS system of Care • Increase awareness amongst children and parents of enhancing and maintaining mental health. • Continue to improve access to CAMHS - reduce waiting times to 14 weeks by working with provider to review pathways and improve patient flow • Commitment to further investigate ways of funding targeted low level counselling and CBT therapy in line with the national children's IAPT pilot • Further development of user and carer involvement. • Closer monitoring of admissions with Specialist Commissioning and Investigation into the benefits of the development of a tier 3.5 home intensive service to support complex children at home. 	A specific CAMHS needs assessment was undertaken to focus on specific areas where anecdotally we perceive there to be gaps in service provision which provided excellent qualitative data. The quantitative data with regards to needs across the children and young people of the county has been less easy to ascertain due to lack of diagnostic information from the specialist child and adolescent mental health service provider. This is improving but the picture is still incomplete so as to inform modelling and future commissioning decisions.	<ul style="list-style-type: none"> - Retendering for Tier 2 CAMHS services Jan/Feb 2013 - Possible tendering for Tier 3 services early 2014 depending on performance improvement 2012/13 	
Ross Caws	01926 740211 rosscaws@warwickshire.gov.uk	Contract for YP substance misuse services started December 2011. To run to November 2013 with option to extend up to November 2017. Therefore commissioning priorities are to monitor trends in substance misuse by young people and the performance of the key service provider in addressing concerns.	Annual needs assessment carried out by Commissioning team, with assistance from Warwickshire Observatory.	Needs assessment to be carried out annually (August/September).	Happy to continue with current arrangements (ie. Annual needs assessment drafted by commissioning team August/September, checked and supported by the Observatory – Jemma Dealtry and Kate McGrory).
Nicola Lomas	nicolalomas@warwickshire.gov.uk	Commissioning priorities include: 12/13 Children's Centres, Positive activities for 8-13s, Independent Advice and Guidance, External fostering, Parenting programmes 13/14 Short breaks for Disabled Children (both daytime and overnight), Supported Accommodation for 16-18s, Residential care, After Care As well as relevant protective characteristics: Disabled children by location, primary and subsequent disability Children with SEN by location and SEN status Looked After Children by caseholding team, primary and secondary reason for current care episode, projections for length of episode in care, projected number of Care leavers, projected number of adoptive placements Young carers by location, (school location?) category of care giver, category of cared-for, age of cared-for, number of cared-for NEETS by location Entrants to the youth justice system Incidents of anti-social behaviour by date and location Babies breastfed at 6-8 weeks by location Reception children height and weight by location Readiness for school by location			

Kevin Hollis	Leisure Trust, 3rd Floor Heron House, Newdegate Street, Nuneaton. CV11 4EL E.mail kevin.hollis@nbleisuretrust.org Office 02476 400581 or mobile 07769 886513	Currently not involved in commissioning services, operational delivery within the Sport, Leisure and Physical Activity / Youth Provision area within Nuneaton & Bedworth. Link with Coventry, Solihull and Warwickshire Leisure Officers forum (SCWaLO) and also linked with Coventry, Solihull and Warwickshire Sports Partnership	Physical Activity, Community Walking, links with Warwickshire Leisure sites (MECC) opportunities. ??	Warwickshire leisure provision are annual, normally October will be review budget setting for the following year. However, 3 year service / business plans will be set for the area	
Peter Hatcher	Targeted Youth Support peterhatcher@warwickshire.gov.uk 01926 742485	Do not have commissioning priorities as such but priorities identified is the need for more young people to receive specialised services to assess their needs, especially those with significant issues and when they get into the system, the time taken to assessment is to long. This is likely to be the same priority now and going forward for family workers	Annual needs assessment carried out by the Warwickshire Observatory - usually in the summer but would benefit from this being carried out in February to inform business planning		Gaining the voice of young people' - statutory obligation and good practice and clearly looking at commissioning cycle and needs analysis. It is important that commissioners think about this when thinking about commission services for young people
Nicholas Cadd, Housing and Communities Manager, Stratford-on-Avon DC	Nick.cadd@stratford-dc.gov.uk 01789 260841	We have a variety of priorities derived from the Housing Strategy 1) Introduction of accommodation and support provision for younger people (2013/14) (e.g. Nightstop and Supported Lodgings). 2) Emergency accommodation and support for single people including rough sleepers (2012/13/14) 3) Supported accommodation for people with physical and or learning disabilities (Commission 2013/2014/2015) 4) Measures to address fuel poverty (on-going) 5) Delivery of general needs affordable homes (on-going) 6) Continued delivery of Extra Care housing within the District in line with the WCC Care and Choice Programme (on-going) 7) The return of empty homes to use (on-going)	1) Young peoples housing needs and aspirations 2) Assessment of private sector rent levels 3) Housing and support needs of single people 4) Strategic Housing Market Assessment (underway) 5) Private Sector House Condition Survey	See previous columns'	
Vic Jones	Warwickshire Children and Voluntary Youth Services Elizabeth House Church Street Stratford Upon Avon CV37 6HX 01926 413611	WCVYS does not commission services. We support the voluntary children and youth sector with grants: to County Youth Infrastructure Organisations that support their members with direct delivery to young people in groups across the county and also a small grants programme that support training and youth activities for members of WCVYS. WCVYS has a role in supporting the engagement of the voluntary children and youth sector through the Children Trust Voluntary and Community Sector Forum in commissioning services. This includes gathering and sharing information for the JSNA. We can identify voluntary sector organisations and service users that may assist in the process of identifying need and offer consultation to support the commissioning process and bespoke market development activity.	There are no outstanding needs assessment. WCVYS were commissioned by Warwickshire LINK to undertake research on Giving Young People a Voice in Health and Social Care . This included four key aspects: <input type="checkbox"/> Identifying young people's groups and organisations that offer services to young people <input type="checkbox"/> Creating a co-ordinated mechanism to engage with young people and organisations that work with young people <input type="checkbox"/> Undertake consultations and engagement activities with young people to enable them to have a say on health and social care <input type="checkbox"/> Recommendations for those providing services to young people		We would encourage all partners to specifically look at the recommendations within the report. See http://www.linkwarwickshire.org.uk/content/reports-and-recommendations



JSNA Generic Report

Joint Strategic Needs Assessment
Date

Produced by department/team/group

Name
with Name

Organisation

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DRAFT

Executive Summary

This section should include a short paragraph why this topic (e.g mental health) has been chosen and what the aims of the needs assessment are. It should then list the areas covered by the needs assessment and a sentence or two about why that area has been chosen.

The areas covered by the needs assessment are:

- **Title of first chapter.** Sentence or two on why this chapter is important.
- **Title of second chapter.** Sentence or two on why this chapter is important.
- **Title of third chapter etc.** Sentence or two on why this chapter is important.

Once all the chapters have been listed, there should be a list of common recommendation with a word/words succinctly summarising what the proceeding recommendations cover. Alternatively, if it would not overload the reader, then all recommendations from all chapters should be listed.

Although many recommendations are specific to the subject area, there are a number of common themes across all of the topics:

Example Data:

- A need for accurate local and national data ...

Example Early Intervention:

- Early intervention could help...
- There is a need for early ...

Recommendations which are specific to one topic area only can be found in the 'Recommendations' section of each chapter (delete if listing all recommendations).

List of Stakeholders Involved

This should be completed by each chapter author and will be compiled into a de-duplicated list which will sit at the beginning of the whole needs assessment document.

DRAFT

Topic Area – Name the topic area (contextual chapter should come first)

This is an introduction to the topic and should only be a paragraph or two, but helps break up the document

DRAFT

Introduction – heading level 2 format

This section should set the scene about why this particular is topic being included - outlining a couple of key points related to priority and prevalence.

- Has there been a national spotlight put on the area?
- Is it a topic with increasing prevalence, costs, specialism?
- Has it previously been a gap in knowledge and it needs addressing now?

There needs to be a definition about what this topic will include. For example, a chapter on long term conditions will need to be clear about whether or not it is going to include dementia.

Describe in broad terms who is at risk of developing the disease or condition - this information may be contained in national documents (Department for Education, National Institute of Health and Clinical Excellence, National Audit Office etc.) and should be referred to here, or you may need to do a literature review.

Where there is a reference this is presented in this manner with the intention that the reference can be identified on the page it is referred to (see footnote below):

The National Institute for Health and Clinical Excellence (NICE) in its March 2011 clinical guidance refers to dual diagnosis as, “people with psychosis who use drugs and/or drink in a way that is harmful.”¹

If you need to embed a quotation within the context of a sentence this format should be used: *‘This dramatic swing from under- to over diagnosis has been fuelled by widespread publicity, Internet support and advocacy groups’*².

If you need to list, bullets should be in this format:

- Someone is presumed to have capacity unless it is proved otherwise
- Individuals must be supported to make their own decisions, and be given all appropriate information before it is decided they do not have capacity

Heading level 3

Where there are subheadings with sections Heading 3 should be used.

Heading level 4 format

Where it is necessary to have subheadings within subheadings Heading 4 should be used.

¹ NICE CG 120, March 2011

² Project Syndicate: The Autism Generation <http://www.project-syndicate.org/commentary/frances1/English>
Accessed 20/12/11

National Perspective

This section should be where the national prevalence, research and other contextual information are included in relation to the topic.

If 'poverty' was a topic, this would be where data on finances, benefits, deprivation levels, etc. at a national level would be included.

What is Happening in Warwickshire?

This section will be the key section and will include local data on the following:

Prevalence - How many people with X?

Incidence - How many new people with X?

Mortality - How many people die from X (if applicable)?

The Needs Assessment requires information to be included on:

1. Need – and the ability to benefit
2. Demand – who is making use of the services including over/under use
3. Supply – what are the current pathways/service providers, what is the current way of working

Need

It is difficult to be prescriptive as to what must be included, but the following issues should be considered, and if relevant, included:

Describing any differences in health need between different groups in the local population, are some groups over or under represented? e.g.

- Age
- Gender
- Ethnicity
- Religion
- Sexuality
- Disability
- Socioeconomic Status

If the data doesn't allow differences to be identified, then it may be relevant to highlight exactly that.

- Highlight any changes in the trend of need, and if there is a change in the need published in previous local documents.
- Where are the people with the issue locally? Mapping of data to highlight geographic patterns, 'hotspots'

- Can you link your data to socio-demographic / customer segmentation tools such as Mosaic or ACORN?
- Is it possible to consider some of the wider socio-determinants of health (e.g. housing, the economy, education, and the environment) and their impact on existing/future need.

Consultation & Engagement

It is important that needs assessments make use of primary qualitative data.

*'Direct quotes from one to one interviews can be included in this format'.
Professional working with xxxx*

Stakeholder Input

The Needs Assessment will need to include stakeholder input (including providers, commissioners and users of the service). Non identifiable quotes will add to the richness of the document but should be used with care to ensure one person's views don't skew the agenda. Case studies will also add to the information.

Case Study – Case studies that highlight an issue (good or bad with the service can be included in this format. Ideally, they should not be more than a page. They should be placed within the text where it best fits.

Demand

Demand is different from need and the ability to benefit. Demand occurs when people find their way around the system and express a need. For example, library services are available to everyone and yet demand is by a smaller section of the population.

Demand data is often easier to access – referrals, footfall, appointments etc.

Consideration of the effect of population change, disease incidence and prevalence should be included here. e.g. More people are surviving birth and living longer with disabilities and the extent and level of care to support them will increase.

Formatting/Style

This is the format of tables that should be used and this is probably the biggest size that should be used. There may be times that discretion will need to be used i.e. if data is imported from other services in a format that can't be amended etc

Outcome	North Warwickshire 2010		North Warwickshire Jan - Aug 2011		South Warwickshire 2010		South Warwickshire Jan – Aug 2011		Warwickshire 2010		Warwickshire Jan –Aug 2011	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Remain in Police Custody												
Other Outcome												
No Further Action												
Crisis Accommodation												
Crisis Treatment												
Adm to General Hospital												
No Admission												
Informal Admission												
Remains Informal												
Section 4												
Section 3												
Section 2												
Mental Capacity Act												
CTO												
Section 7 Guardianship												
Total												

Source: The Source should be listed in this format

A smaller table is shown below:

	Male	Female	Total
Total	24	18	42
White	11	17	28
Asian British	2	1	3
Chinese/other	1		1
Not recorded			10
Total			42
18-25	7	6	13
26-40	9	8	17
41-64	8	4	12
Total			42

Source: National Drug Treatment Monitoring System (NDTMS)

Supply

The services that are available should be described here. For some specialist services this may be limited, for more common services there may be numerous providers that may need to be summarised differently.

The demand for the service may be affected by opening hours, location etc and for some topics the discussion about Demand and Supply may be interlinked and combined.

Consider whether the service provision is as per national guidance.

In this section, highlight trends in service use and identify progress or changes made since the previous JSNA.

By comparing the overall need within the County and comparing it with the level of service provision currently in place, highlight known needs potential gaps in provision.

Comparative information

To highlight any differences in need, demand or supply, it is important that data is used to compare:

- between localities within Warwickshire
- between Warwickshire and comparator counties
- with national data
- between providers

Recommendations

At the end of each chapter, identify the areas of need to address through commissioning. The reason for having an executive lead on the Commissioning Group is particularly important to provide the oversight to this section.

Recommendations may include:

- Development of clearer pathways
- Improving data availability
- Recommendations for commissioning activity related to issues of need and gaps in service provision
- Highlight any over-provision of services which may be relevant to service reviews, to inform de-commissioning
- Further Needs Assessments required as part of an area not be included in this Needs Assessment
- Recommendations should be listed in this format. Ideally, all recommendations should be at the end of the chapter.
- To identify additional services/promotional opportunities to support people

This data was collected by Public Health who attended all the Area Community Forums during winter 2011/12 to publicise the Director of Public Health Annual Report. The public was asked: “What are your three biggest health priorities for your local community?” and chose from a list of 16 given options.

The data represents the views of the public with regards to their personal priorities and does not necessarily represent the priorities of Public Health. It is the public’s own perception of priorities and not evidenced based for the purpose of commissioning.

The below image is generated using the number of times a word appears to determine its relative size. The size of a word in the image is proportional to the number of times the word appears in the input text.

This shows that the biggest health priority across all Community Forums was: health screening followed by healthy weight, diet and exercise, access to health services & tackling drugs and alcohol.

