
Report of Jane Robinson, Corporate Director Adult and Health Services, Durham County Council

Amanda Healy, Director of Public Health, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 This report provides an update on the re-establishment of the JSNA process within County Durham. This encompasses re-constituting the JSNA and Insight Strategic Group (setting the strategic direction and supporting the Health and Wellbeing Board, the County Durham Partnership and with clear links across all Partnerships), and refreshing the role, remit and composition of the JSNA Intelligence and Development Group.

Executive summary

- 2 The County Durham Health and Wellbeing Board oversees the statutory requirement for local authorities and health partners to jointly produce a Joint Strategic Needs Assessment which underpins the development of the [Joint Health and Wellbeing Strategy](#).
- 3 This paper sets out a plan for the delivering of a continued population health intelligence response to support strategic decision making, building on the foundations originally laid by JSNA and Insight Development Group (JSNA IDG) and further developed by the Local Resilience Forum (LRF) Data and Intelligence Cell. This will inform the refresh of the County Durham JSNA, and provide the evidence to underpin forthcoming strategies across the County Durham Partnership, with very clear links to the County Durham Outcomes Framework, County Durham Together and our Approach to Wellbeing (incorporating an asset based approach). Combined, this will lead us to providing an evidence base to inform strategic decision making. The ways in which this proposal relate to previously agreed plans for JSNA development are described.

- 4 It is important to recognise that in County Durham the JSNA is a continuous process, refreshing data and analysis to ensure timeliness, and producing 'deep dive' needs assessments to assist commissioning decisions as required.
- 5 The Local Resilience Forum (LRF) Data and Intelligence Cell which replaced the JSNA IDG has not been formerly stood down. Updated Terms of Reference were established to incorporate JSNA and Population Health Management developments within the remit of the cell. Re-establishing the JSNA Strategic Group and running the JSNA Insight and Delivery Group (JSNA IDG) to run concurrently with the LRF Data and Intelligence Cell would create duplication and potentially risk undermining some of the gains made by the Data and Intelligence Cell.
- 6 Resetting the JSNA IDG, building on the success of the LRF Data Cell and linking it to our Approach to Wellbeing, the County Durham Outcomes Framework and County Durham Together would both reinforce the JSNA as a fundamental decision support tool across the Partnership and reinvigorate the JSNA process by aligning it with the emerging Population Health Management/integrated data agenda; ensuring we have joined up approach to intelligence informing strategic decision making.
- 7 Non-COVID related intelligence requests have already come into the LRF Data and Intelligence Cell for discussion, including data requirements for Health Needs Assessments on Older People and Veteran's, and a Needs Assessment focussed on Serious Violence (led by the Durham Constabulary).
- 8 COVID-19 has presented an unprecedented and significant challenge across the system. Data and surveillance have been central to informing our understanding and response to the pandemic. The key area of focus in terms of data and surveillance during the pandemic has been to integrate effectively national and local data and intelligence to provide the best available understanding and insight into the situation in County Durham.
- 9 As we reset our intelligence function to look beyond the COVID-19 pandemic, it is vital that we build on recent successes in terms of partnership working, intelligence processes undertaken such as Population Health Management in order to further understand the protective factors and strengths across communities.
- 10 There are clear and fundamental links between the JSNA process, the County Durham Outcomes Framework and Population Health Management. The proposal is that as part of the post pandemic intelligence and insight reset the LRF Data and Intelligence Cell Terms

of Reference are amended to include the wider remit of the previous JSNA Insight and Delivery Group, incorporating a strong focus on Population Health Management, the social determinants of health, place and neighbourhood; to enable and facilitate the linking of local data; to build and develop analytical skills and enable evaluation of impacts across the system.

- 11 This combined view of both needs and assets (building on our Approach to Wellbeing) will allow us to build a broader understanding of health and wellbeing and how we can support and protect the health of our local communities. It is therefore an appropriate time to review of our JSNA development process to ensure that it remains fit for purpose.

Recommendations

- 12 Health and Wellbeing Board is recommended to:

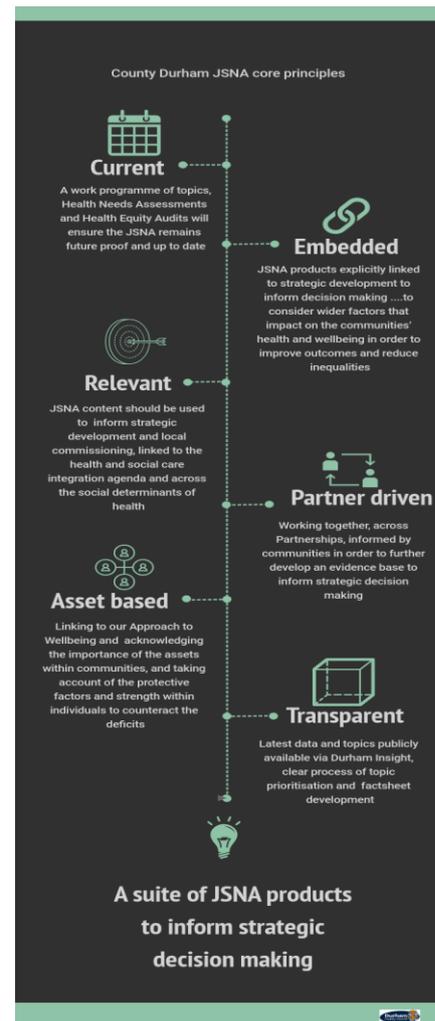
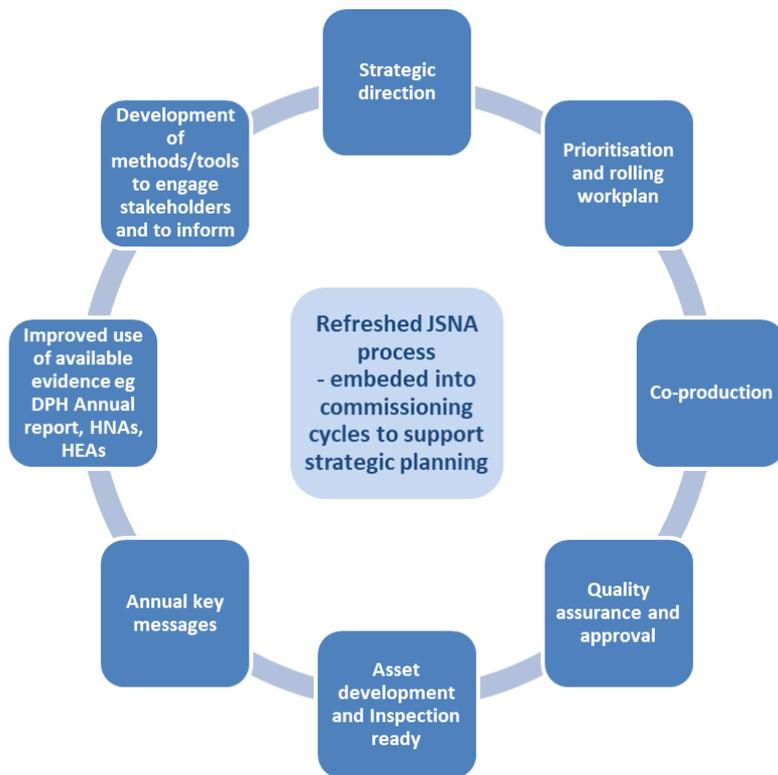
- a) Support the re-set of the County Durham JSNA process and the re-establishment of the JSNA and Insight Strategic Group in order to:
- provide strategic oversight for the continued development and strengthening of the JSNA and Insight process in County Durham;
 - prioritise JSNA topics for production or refresh and;
 - agree an annual JSNA workplan including a rolling programme of Health Needs Assessments and Health Equity Audit;
 - Proposed Terms of Reference for the new JSNA and Insight Strategic Group are attached in Appendix 2.
- b) Support the establishment of the JSNA Insight and Intelligence Group to deliver the annual workplan, providing intelligence and insight in order to inform strategic decision making;
- c) Support the alignment of JSNA development with PHM, the County Durham Outcomes Framework and explicitly link them to our Approach to Wellbeing and County Durham Together. This would enable a move from a JSNA to a JSNAA, a process that is evidence-based, asset-based and seeks to involve communities in decisions that affect them, in order to achieve better health outcomes;
- d) Agree that the core elements of JSNA remain relevant and fit for purpose;

- e) Advocate for local leadership as the Integrated Care Board develops, ensuring alignment between regional (NENC) and place based (i.e. County Durham) requirements.

Background

- 13 The Health and Social Care Act of 2012 placed two statutory duties for the then newly created Health and Wellbeing Board: the publication of a Joint Health and Wellbeing Strategy and the publication of a Joint Strategic Needs Assessment (JSNA).
- 14 The Health and Care Act 2022 has introduced new architecture to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs). In this new landscape, HWBs continue to play an important role in:
 - instilling mechanisms for joint working across health and care organisations;
 - setting strategic direction to improve the health and wellbeing of people locally.
- 15 The JSNA enables local authorities and the NHS to assess the current and future health, care and wellbeing needs of the local community to inform local decision making; including providing intelligence and insight about County Durham's population and the wider factors affecting health, wellbeing, and social care needs. These are the social determinants of health including poverty, employment, education, housing and the environment.
- 16 JSNA development in County Durham has been an ongoing process since 2008. Locally the JSNA is a suite of resources that helps to inform the planning and improvement of local services, and guides us in making the best use of funding available. It is used to underpin and influence joint commissioning priorities and decision making in order to improve health and wellbeing, as well as to reduce health inequalities in our communities.
- 17 Prior to the COVID19 pandemic County Durham's JSNA and Insight process had undergone a period of transformation. The JSNA and Insight Strategic Group (JISG), chaired jointly by the Director of Public Health and the Chief Officer of County Durham CCG, was established in 2019 to set the strategic focus of the JSNA and link it explicitly to planning, strategy development and joint commissioning. The JISG drove the workplan of the new JSNA and Insight Delivery Group (JIDG), based on the strategic and commissioning requirements of partners. The JIDG was the delivery mechanism for these requirements.

18 The core themes of JSNA were previously agreed as:



19 Durham Insight was established as the delivery mechanism of our local JSNA at the same time. It is our publicly available shared intelligence, research and knowledge base platform for County Durham. We use it to inform strategic planning across the council and partnerships, not just the Health and Wellbeing Board via the JSNA content. The site contains a variety of data and intelligence including in-depth JSNA and insight factsheets, interactive content and infographics, maps and story maps. New content is regularly added, and the site is continuously being developed and

20 The JIDG workplan encompassed a rolling programme of detailed JSNA and Insight factsheets, and other intelligence products (such as Health Needs Assessment, Health Equity Audit and Health Impact Assessment), linked to strategic objectives, and commissioning and inspection requirements. Durham Insight was established as the shared intelligence, research and knowledge base for County Durham, informing strategic planning across Durham County Council and partners.

- 21 Clearly the impact of COVID-19 has been significant and unprecedented. From the direct impact of the virus on health and wellbeing to other factors that influence people's health and well-being, for example, their social and economic environment. Effective and ongoing recovery as we reset and adapt to living with COVID will require us to work differently across partnerships. This includes how we provide population health intelligence to prioritise partnership actions; cognisant that the direct and indirect impacts of COVID-19 may extend well beyond the short-term.
- 22 The JSNA and Insight Strategic Group (ISG) and JSNA Insight and Development Group (IDG) were suspended in March 2020 as part of the pandemic response. Many members of the IDG became part of the LRF Data and Intelligence Cell (previously chaired by DCC Head of Strategy and latterly chaired by DCC Strategic Manager for Research and Intelligence). Other members of the Data and Intelligence Cell included representatives from Darlington Borough Council, NECS, CDDFT, TEWV, CDDFRS, the Police, and Durham University. Critically, NECS, CDDFT, TEWV and Durham University were previously not represented on the IDG.
- 23 From the beginning of the COVID 19 pandemic, data, analysis and surveillance have been central to informing our understanding and response to the COVID-19 pandemic. The provision of pro-active, high quality, detailed, timely and locally focussed data and surveillance from both local and national sources has underpinned decision-making at all levels. The key area of focus in terms of data and surveillance during the pandemic has been to integrate effectively national and local data and intelligence to provide the best available understanding and insight into the situation in County Durham and across the Local Resilience Forum footprint.
- 24 This membership was wider than existing arrangements for JSNA IDG, with the Data and Intelligence Cell having extended its partnership working across the system utilising expertise from external organisations as mentioned above. This broader range of organisations at the data and intelligence table creates more opportunities for greater collaboration between Partners with a view to tackling health inequalities.
- 25 By collaborating across these key analytical partners, the Data and Intelligence Cell was able to overcome traditional data sharing barriers to understand the local impact of COVID -19 and offer reliable, actionable data and intelligence to the system and inform the response to COVID19. Prominent examples of outputs from the Data and Intelligence Cell are the weekly Threat Assessment to inform TCG/SCG and the adoption of a Population Health Management approach to

support the response to COVID-19. This resulted in a 2 tier PHM output. Tier 1 was the linking of key health and social care datasets to identify those most at risk to COVID-19. Tier 2 was the linking of broader datasets to identify those exhibiting increased risk because of COVID-19 (or displaying Multiple Social Vulnerabilities – MSV).

26 There is an obvious need to reset and re-invigorate our JSNA and population health intelligence approach which has been largely (but not completely) suspended due to the pandemic. Despite the statutory requirement to produce and update a JSNA, content varies between local authority areas and the extent to which they directly inform commissioning decisions. There has been no guidance published since 2013 but now there is a clear shift in context as follows:

- The formation of Integrated Care Systems (ICS) for joint commissioning and delivery of health services;
- ICSs to use population health management approaches;
- NHS Long Term Plan 2019 requires more NHS action on prevention and health inequalities;
- Primary care networks are now required to complete health inequality plans;
- Whole system approach to designing services around place rather than through individual services;
- Need for complex systems approach taking into account multiple factors across population groups.

27 There are clear fundamental links between JSNA, the County Durham Outcomes Framework and a PHM approach. Incorporating these elements would maximise the opportunities set out below:

Opportunity	Detail
Systems approach	Moving away from silo-working Broader focus on whole system
Skills development	Predictive demand and capacity modelling Knowledge translation – influencing policy makers Systems leadership – working across organisations
Collaboration	Data sharing and joint working across organisations in a local area e.g. police, housing, social care, schools, hospitals and GPs Shared understanding of the health inequalities in a local area
Building insight	Big picture view of an individual's interaction with the system Identifying drivers for health inequality and potential interventions
Innovation	Automation of processes Use of Application Programming Interface (APIs) for accessing, sharing and flexible presentation of data

- 28 Data and Intelligence Cell Terms of Reference already include a strategic objective relating to the development of a JSNA of population health and wellbeing needs, including a strong focus on the social determinants of health and our Approach to Wellbeing (asset) to inform local public service strategic plans for service reset and recovery, informed by a PHM approach. Further development of these ToRs should include a direct link to the County Durham Outcomes Framework which has been developed to support and inform the County Durham Care Programme Board. It is vital that these two intelligence led processes are clearly linked rather than operate independently of one another.

What is the County Durham Outcomes Framework?

- 29 The Durham Outcomes Framework is an approach to providing the intelligence on health & care outcomes needed to support strategic commissioning. The Framework describes local outcomes - the output of everything that contributes to the health and experience of the population. These outcomes contrast with the wider determinants of health, which describe the inputs to the system.
- 30 Developing on the NHS 5-year plan for County Durham, all aspects of the life-course are considered. The Framework incorporates the nationally driven “triple aim” for health. This approach ensures the outcomes selected cover the breadth of metrics needed to understand the outcomes of the local health and care system.
- 31 To ensure the outcomes are well understood, the Framework also encompasses a decision support system. This novel approach builds on best practices in business intelligence and user experience to deliver an intuitive, yet robust approach to visualising the complex underlying dataset.

- 32 The Framework is intended to be used to inform executive strategy for the local health & care system. Furthermore, it can also support specific commissioning decisions and provide an opportunity for board & public scrutiny of system performance.

What is Population Health Management (PHM)?

- 33 A PHM approach can be multi-faceted with progress occurring across many different boundaries. The Data and Intelligence Cell is the ideal vehicle to keep abreast of local, regional and national developments and whilst undertaking local development with a strong focus on population, place and neighbourhood. This can both feed in to and be fed from other developments locally (eg Growing Up in County Durham¹), regionally (links to GNHCR, Healthy Towns and ICP/ICS developments for example) and further afield.
- 34 PHM is a partnership approach to improving population health across public services including councils, the NHS, the public, schools, fire service, voluntary sector, housing associations, social services and police. All have a role to play in addressing the interdependent issues that affect people's health and wellbeing.
- 35 PHM improves population health by data driven planning and delivery of care to achieve maximum impact. It includes segmentation, stratification and impactability modelling to identify local 'at risk' cohorts - and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes.
- 36 Population Health Management is about:
- Reducing health inequalities by taking action;
 - Using data-driven insights and evidence of best practice to inform targeted interventions to improve the health & wellbeing of specific populations & cohorts;
 - The wider determinants of health, not just health & care;
 - Making informed judgements, not just relying on the analytics;
 - Prioritising the use of collective resources to have the best impact;

¹ Which has a strong Data and Intelligence Cell element

- Acting together – the NHS, local authorities, public services, the VCS, communities, activists & local people. Creating partnerships of equals;
- Achieving practical tangible improvements for people & communities.

What makes us healthy?

AS LITTLE AS **10%** of a population's health and wellbeing is linked to access to health care.

We need to look at the bigger picture:

But the picture isn't the same for everyone.

The healthy life expectancy gap between the most and least deprived areas in the UK is: **19** YEARS

The Health Foundation
References available at www.health.org.uk/healthy-lives-infographics
© 2017 The Health Foundation

POPULATION HEALTH

Population Health is an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies.

- 37 Development of a local Population Health Management (PHM) approach is explicitly linked to the NENC ICS PHM strategy 2021-2024. Elements of a PHM approach have already been delivered within County Durham a) as part of our COVID19 planning and response which included the linking of key health and social care datasets and the creation of Multiple Social Vulnerabilities dataset and b) as part of the 'Growing up in County Durham' programme.
- 38 The core aim of a JSNA is to develop local evidence-based priorities for strategic development and commissioning, in order to improve health and wellbeing and reduce health inequalities in our communities. This in turn informs the development of the Joint Health and Wellbeing Strategy (JHWBS) for County Durham; influencing system planning and commissioning decisions in order to achieve those dual goals of improving health and wellbeing outcomes and reduce inequalities within the county.

Conclusion

- 39 The County Durham Health and Wellbeing Board provides strategic leadership and direction for health, care and wellbeing planning in the county. Determining and outlining priorities for improving the health and wellbeing of our population, with a particular focus on dealing with health inequalities and preventing ill-health through consideration of issues linked to the wider determinants of health and via an asset based approach.
- 40 The means of identifying and developing that shared understanding of the needs and priorities for population health and wellbeing in County Durham is through the development of a Joint Strategic Needs Assessment (JSNA); utilising other locally available evidence regarding the health needs of the population whilst building in community assets as a core element (moving to a JSNAA).
- 41 Significant recent changes have occurred across the health and care system locally and nationally. These changes provide an opportunity to review the current approach to the JSNA process in County Durham and to redesign and relaunch it as a key source of intelligence and analysis to inform health, care and wellbeing decision making championing prevention and population health as important strategic issues and influencing organisations and partnerships to reflect this in their work
- 42 As population health and wellbeing are shaped by a broad range of factors our JSNA topics range from very specific health outcomes to the wider social determinants of health (such as the economy, education, housing, the environment). In order to make the JSNA content as robust and evidence led as possible it is crucial that all system partners engage in the process and provide specialist input as required.

Background papers

- [JSNAs and JHWS statutory guidance](#) (GOV.UK)

Other useful documents

- [Durham Insight](#) (existing intelligence content)

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Appendix 1: Implications

Legal Implications

There is a statutory requirement to produce a JSNA

Finance

DCC is in the final year of a 4 year contract with ESRI for Durham Insight. The annual recurring fee of £9,850 (frozen for the last 4 years) is likely to increase by 5% if a new contract is entered into.

Partnership engagement

No implications.

Equality and Diversity / Public Sector Equality Duty

No implications.

Climate Change

No implications

Human Rights

No implications.

Crime and Disorder

No implications

Staffing

No implications.

Accommodation

No implications.

Risk

No implications

Procurement

The Health and Social Care Act 2012 outlines that commissioners should take regard of the JHWS when exercising their functions in relation to the commissioning of health and social care services.

Appendix 2: JSNA and Insight Strategic Group draft Terms of Reference



JSNA and Insight Strategic Group

DRAFT TERMS OF REFERENCE

Background

The Joint Strategic Needs Assessment (JSNA) in County Durham is an ongoing process which helps to identify the health, wellbeing and care needs of local people. It is a statutory requirement for Local Authorities and their partners to produce the JSNA (via the Health and Social Care Act 2012).

The JSNA is a suite of resources locally that helps to inform the planning and improvement of local services and guides us in making the best use of funding available. The core aim of a JSNA is to develop local evidence-based priorities for strategic development and commissioning, in order to improve health and wellbeing and reduce health inequalities in our communities. This in turn informs the development of a Joint Health and Wellbeing Strategy (JHWBS) for County Durham; influencing system planning and commissioning decisions in order to achieve those dual goals of improving health and wellbeing outcomes and reduce inequalities within the county.

As population health and wellbeing are shaped by a broad range of factors our JSNA topics range from very specific health outcomes to the wider social determinants of health (such as the economy, education, housing, the environment). In order to make the JSNA content as robust and evidence led

as possible it is crucial that all system partners engage in the process and provide specialist input as required.

As we look beyond the Covid-19 pandemic it is vital that we understand the protective factors and strengths across communities. This combined view of both needs and assets (building on our Approach to Wellbeing) will allow us to build a broader understanding of health and wellbeing and how we can support and protect the health of our local communities.

Aim

The overarching aim of the JSNA and Insight Strategic Group is to ensure that County Durham's JSNA is fit for purpose, accurately reflects the health and care needs of the local population and provides the evidence base upon which key strategies and commissioning decisions across the County Durham system can be built.

The group will set the strategic direction of the JSNA and other strategic analyses, identify priority knowledge gaps, and agree a clear work plan based on the needs of users and the priorities of Durham County Council, the NHS and other partner agencies.

Objectives

- To provide strategic oversight for the continued development and strengthening of the JSNA and Insight process in County Durham on behalf of the Health and Wellbeing Board, ensuring that outputs remain relevant and fit for purpose in order to inform the Joint Health and Wellbeing Strategy, and to ensure Inspection readiness.
- To be the mechanism ensuring a more strategic approach to analysis, intelligence and insight across the County Durham system; providing clear strategic direction to the JSNA Intelligence and Insight Group.
- To prioritise JSNA topics for production or refresh and to agree an annual JSNA workplan including a rolling programme of Health Needs Assessments and Health Equity Audits.
- To support and foster the alignment of JSNA development with the County Durham Outcomes Framework, Population Management developments and Inspection requirements.
- To explicitly develop an asset based approach to JSNA content based on our Approach to Wellbeing and County Durham Together; thereby moving from JSNA to JSNAA, a process that is evidence-based, asset-

based and seeks to involve communities in decisions that affect them, in order to achieve better health outcomes.

- To provide the basis for statutory and non-statutory plans and strategies across the County Durham Partnership in order to ensure priorities, actions and commissioning decisions are evidence based, including health and care, community safety, environment, economy, housing etc.
- To ensure that priorities and objectives are met and projected benefits are delivered. This includes managing interdependencies, overseeing the production of key messages and ensuring the JSNA and Durham Insight is embedded into local decision making processes.
- To ensure alignment between local JSNA(A) processes and ICB developments and ensuring local leadership as the ICB matures.

Membership

All group members are mandated to contribute positively to the requirements of the group, represent the views of their organisation and required to send a representative should they be unable to attend relevant meetings. If required, additional subject matter experts will be identified to be co-opted onto the group.

Members		
Name	Job Title	Organisation
Amanda Healy	Director of Public Health	Durham County Council
Michael Laing	Director of Integrated Community Services	DCC and CDDFT
Sarah Burns	Joint Head of Integrated Strategic Commissioning	Integrated Care Board / Durham County Council
Andy Kerr	Head of Economic Development	Durham County Council
Michael Kelleher	Head of Planning and Housing	Durham County Council
Andy Palmer	Head of Corporate Policy, Planning and Performance	Durham County Council
Michael Fleming	Strategic Manager, Research and Intelligence	Durham County Council
Keith Forster	Service Manager, Operational Support - CYPs	Durham County Council
Marion Ingleby	Service Manager, Operational Support - AHS	Durham County Council
Andrea Petty	Strategic Manager Partnerships	Durham County Council
Glenn Wilson	Public Health Consultant	Durham County Council

Julia Bates	Public Health Consultant	Durham County Council
Kirsty G Wilkinson	Strategic Manager, County Durham Together	Durham County Council
Oliver Sherratt	Neighbourhood and Climate Change	Durham County Council
Edward Kunonga	Director of Population Health Management @NECS Public Health Consultant @CDDFT Public Health Consultant @TEWV	NECS/CDDFT/TEWV
Camila Caiado	Professor in Statistics, Director of Data Science	Durham University
Jo Murray	Associate Director, MH/LD Partnerships and Strategy	TEWV
Ciaron Irvine	Deputy Chief Constable	Durham Constabulary
Keith Carruthers	TBC	CD&D Fire and Rescue
Chris Cunnington-Shore	Chair	Healthwatch
Kate Burrows	Executive Director	VCS

Working Arrangements

- The JSNA and Insight Strategic Group will meet quarterly.
- The Chair is Amanda Healy, Director of Public Health and the Vice-Chair is to be confirmed. This will be reviewed annually.
- The JSNA and Insight Strategic Group agenda and supporting papers will be circulated a least a week before the meeting.
- Action logs will be kept for all meetings.

Governance

The JSNA and Insight Strategic Group will act as a subgroup of the Health and Wellbeing Board and report at least on an annual basis. A Governance chart is included at Appendix 1.

Decision Making

It is expected that decisions will be reached by consensus. If a consensus cannot be reached the Chair will then call for a vote and a simple majority will prevail. The Chair will have a second casting vote if a simple majority is not reached.

Any member who has a conflict of interest in any item should declare that interest at the start of the item. That member may make representations,

provide evidence and answer questions, but must leave the meeting at the Chair's direction before the decision is made.

If an urgent decision is required which cannot wait until the next meeting, a special meeting can be arranged. If this is not practical, then the Chair in discussion with the Vice-Chair may take a decision. The decision will be reported to the next scheduled meeting.

Quorum

It is important that sufficient organisations are present at all meetings so that decisions can be made. Where members are unable to attend, they should send a briefed representative.

To be quorate, the meeting will comprise of representation from at least 3 organisations. If a meeting has fewer members than this figure it will be deemed inquorate. Matters may be discussed but no decisions taken.

Appendix 1: Health and Wellbeing Board Governance Chart

