



## Joint Strategic Needs Assessment - update

### SUMMARY

- 1.1 The Health and Wellbeing Board (HWB) has a duty to prepare and publish a Joint Strategic Needs Assessment (JSNA). JSNAs are assessments of the current and future health and social care needs of the local population.
- 1.2 The JSNA informs and underpins key plans including the Health and Wellbeing Strategy and Sustainability and Transformation Plan (STP).
- 1.3 Historically, JSNAs have tended to be sizable static documents containing large amounts of data. They are resource intensive to produce, are quickly out-of-date and difficult for many to engage with and understand.
- 1.4 The context in which the JSNA and health and care system sits has, and is, changing, particularly with increasing integration and challenging finances. To support planning and decision-making within this changing environment, we need a different approach to the JSNA and to how we manage and use intelligence more generally.
- 1.5 To make the JSNA more timely and accessible, we have been working locally to establish an online JSNA. These pages are now live and can be found [here](#).
- 1.6 The aim is to continuously update and add to these pages to make them as up-to-date, as comprehensive and as useful and meaningful as possible. There are a number of requirements needed to achieve this:
  - Establish ownership and accountability within operational teams to provide direction and meaningful interpretation and narrative.
  - Establish effective **processes** to provide appropriate support of annual strategic priority-setting, planning and decision-making and to develop a work programme. Also, that processes are put in place to support the development of specific needs assessments sitting within the JSNA.
  - To **develop knowledge** and move beyond simply the presentation of data. We need to adopt a much broader consideration of what constitutes 'intelligence' and need to develop mechanisms to transform data and information into knowledge.
- 1.7 To support the on-going development of the JSNA/ Intelligence Portal, it is proposed that a JSNA Management Group is established as a sub-group of the HWB and is chaired by the Director of Public Health.

## **RECOMMENDATIONS**

- 2.1 To note the progress and development of the JSNA/ Intelligence portal to-date.
- 2.2 To assign ownership of the interpretation and narrative contained in the JSNA to appropriate operational lead officers.
- 2.3 To approve the establishment of a JSNA Management Group chaired by the Director of Public Health.
- 2.4 That HWB members nominate members to join the JSNA Management Group. Nominees should not only be intelligence staff but should also include strategic leads.

## **REASONS FOR RECOMMENDATION**

- 3.1 To provide assurance to the HWB in appropriately discharging its duty to produce a JSNA for its local area in accordance with the Health and Social Care Act 2012, Local Government and Public Involvement in Health Act 2007 and published guidance.
- 3.2 To provide appropriate knowledge and intelligence to support effective strategic planning, priority-setting and commissioning decision-making in respect of health and care, support for vulnerable groups and to inform key local plans including the Health and Wellbeing Strategy and Sustainability and Transformation Plan.

## **SUPPORTING INFORMATION**

- 4.1 The Health and Wellbeing Board (HWB) has a duty to prepare and publish a Joint Strategic Needs Assessment (JSNA). Whilst Local Authorities and Clinical Commissioning Groups have an 'equal and joint' duty to prepare a JSNA for the local area, all members of the HWB are expected to contribute to its preparation.
- 4.2 JSNAs are assessments of the current and future health and wellbeing needs of the local population. Their purpose is to support the planning and delivery of local provision to improve the health and wellbeing of the local population and to reduce health inequalities. In particular, there is a requirement to ensure the identification of need and monitoring of outcomes to inform planning for vulnerable groups such as children in care, children and adults with disabilities, adults with long term health conditions etc.
- 4.3 Historically, the JSNA locally, and in many places, has been a large and unwieldy document with lots of facts and figures about health, wellbeing and care. They have been very resource-intensive to produce and are often out-of-date by the time they are published. Whilst helpful in priority-setting they have proved less useful in supporting commissioning processes and decision-making.

- 4.4 The context in which the JSNA sits has, and will continue, to change significantly. There has been a substantial drive towards the integration of health and social care, place-based care and commissioning alongside significant financial challenge. The need for good knowledge and intelligence to support planning, commissioning and decommissioning is perhaps more important than ever.
- 4.5 The range of data collected, systems and available tools continues to grow – although some access to local information has reduced. Analytical and intelligence resource has however, become increasingly stretched across the system. How people want to access information is also changing.
- 4.6 As the name suggests, JSNAs have tended to focus on the needs and problems within communities, promoting a deficit model rather than an asset-based model. As our ability to resource health and care services becomes ever more challenging, a recognition of and proactive support of our communities and the assets they possess is essential.
- 4.7 It is therefore clear, that the JSNA in its traditional document form and needs-based focus is no longer fit-for-purpose. Recognising this, we have been working to make the JSNA into what it needs to be now and in the future to support strategic planning, priority-setting and commissioning decisions. We have made considerable progress but are still early on in the journey.
- 4.8 To make the JSNA (and wider health and wellbeing information and intelligence) more timely and more accessible, we have established an online JSNA. These pages are now live and can be found [here](#).
- 4.9 The aim is to continuously update and add to the JSNA pages to make them as up-to-date and comprehensive as possible. The intention is that these pages become a local Intelligence Portal incorporating data (interactive where possible), local reports and links to nationally produced reports, tools and statistics and to relevant guidance and policy. The Council's [Local Information System](#) which provides a range of socio-demographic data is expected to go live at the end of July 2016 and will provide links from the JSNA to wider information such as census data and neighbourhood profiles.
- 4.10 A single information resource for the city will support a shared view of issues and a consistent approach to local reporting across the health and care system. Such a resource will support and underpin planning and implementation of the Sustainability and Transformation Plan (STP), Health and Wellbeing Strategy and other key local plans and strategies.
- 4.11 To achieve the ambition of a timely, meaningful and useful JSNA/ Intelligence Portal, there are a number of key requirements:
- **Ownership** – beyond a small group of analysts and intelligence professionals. Whilst very skilled in the analysis and presentation of information, the ‘experts’ on key issues or groups sit elsewhere and have a wealth of professional and expert knowledge to add, to sense-check and interpret and provide meaningful narrative.

In addition, ownership must sit across the system as it is across the breadth of the health and care system where expert professionals and intelligence staff

sit.

Finally, ownership should include process and accountability for what is published in the public domain.

- **Process** – it is important that an annual process is put into place to enable:
  - priority-setting and strategic planning;
  - Informing commissioning intentions and decision-making;
  - Sense-checking and publication accountability;
  - Identifying and prioritising intelligence gaps and associated work programme.

It is also important that effective processes should be put into place for the development of specific needs assessments to ensure that they are owned and are developed in a joined up and consistent manner.

- **Developing knowledge** – the JSNA, and information provision more generally needs to move beyond the presentation of data. We need to adopt a much broader consideration of what constitutes ‘intelligence’, which comes in many forms and includes professional and expert knowledge, patient, client, public and professional perception and experience – intelligence which is currently underutilised.

Information must be actively engaged with, discussed and set in context to have meaning. This enables us to transform data and information into knowledge which is much more powerful and useful than pieces of data or information.

- 4.12 To meet these requirements and ambitions, it is proposed that a JSNA Management Group is established and chaired by the Director of Public Health given their specialist skill-set and place within the health and social care system. It will be advantageous for this group to be composed of a wide range of partners to allow insight and oversight across the breadth of health and care and the social, environmental and economic context in which health and care sits.

## OTHER OPTIONS CONSIDERED

- 5.1 No other options considered.

**This report has been approved by the following officers:**

|                                |   |
|--------------------------------|---|
| <b>Legal officer</b>           | None  |
| <b>Financial officer</b>       | None  |
| <b>Human Resources officer</b> | None  |
| <b>Service Director(s)</b>     | Cate Edwynn – Director of Public Health   |
| <b>Other(s)</b>                | Heather Greenan, Head of Performance and Intelligence<br>Colyn Kemp, Head of Business Intelligence<br>Andrew Muirhead, Senior Public Health Manager – Epidemiology. |

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|--------------------------------------|---|
| <b>For more information contact:</b> | Alison Wynn, 01332 643106, <a href="mailto:Alison.Wynn@nhs.net">Alison.Wynn@nhs.net</a> . |
| <b>Background papers:</b>            | None  |

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| <b>List of appendices:</b> | Appendix 1 – Implications |
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| <b>IMPLICATIONS</b> |
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**Financial and Value for Money**

- 1.1 The JSNA is an essential element of the process of identifying health and social care priorities within the city, supporting strategic planning and commissioning decision-making. This helps ensure that resources are appropriately targeted in the city.

**Legal**

- 2.1 The Health and Wellbeing Board has a statutory duty to ensure the preparation and publication of a JSNA of its local population.

**Personnel**

- 3.1 No issues directly arising.

**IT**

- 4.1 No issues directly arising.

**Equalities Impact**

- 5.1 A fundamental purpose of the JSNA is to help identify health and social care needs across Derby to improve health and wellbeing and to support the identification and reduction of health inequalities.
- 5.2 When requested we can provide alternative versions of reports on the JSNA portal to make sure we meet the requirements of the Equality Act and accessible information and systems.
- 5.3 It is important that the new JSNA Management Group is representative and so we will be inviting a representative from Derby Diversity Forum to sit on it.

**Health and Safety**

- 6.1 No issues directly arising.

**Environmental Sustainability**

- 7.1 No issues directly arising.

**Asset Management**

- 8.1 Resources will need to be appropriately managed within partner organisations to ensure suitable support in the preparation of the JSNA.

## **Risk Management**

9.1 No issues directly arising.

## **Corporate objectives and priorities for change**

10.1 The JSNA is central in supporting the planning and delivery of the Council Plan; Derby Plan; Health and Wellbeing Strategy and Sustainability and Transformation Plan.