

North Somerset Council

REPORT TO THE NORTH SOMERSET HEALTH AND WELLBEING BOARD

DATE OF MEETING: 28 OCTOBER 2019

SUBJECT OF REPORT: JOINT STRATEGIC NEEDS ASSESSMENT

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: MATT LENNY, DIRECTOR OF PUBLIC HEALTH

KEY DECISION: N/A

RECOMMENDATIONS

Members of the Health and Wellbeing Board are asked to endorse the following next steps in developing the Joint Strategic Needs Assessment (JSNA):

- A new core data set for the JSNA is developed and made easily accessible to all partner organisations and the public by March 2020. This should provide an easy gateway to a range of local and national data sets that help to describe local population needs and ways to improve outcomes.
- Based on that collection of data, a list of potential investigation topics is developed by March 2020 for the Board to consider and then select up to three priority investigations for the 2020/21 year.
- Wider engagement on the development of the JSNA is supported through the delivery of a stakeholder workshop early in 2020. The findings of the workshop will be shared with the Board to support its review of progress on the new core data set and agreement on investigation priorities for 2020/21.

1. SUMMARY OF REPORT

It has been recognised that the current North Somerset JSNA needs refreshing and the development of the new Health and Wellbeing Board and a Health and Wellbeing Strategy is a significant opportunity to develop a new approach.

A reformed officer steering group has met in July and October to consider possible models of future working based on local needs and opportunities and learning from JSNAs from other parts of the country.

This work has informed a suggested new model of working based on developing a core data set by March 2020, providing easy to understand public facing information and the Health and Wellbeing Board commissioning up to three detailed investigations into health and wellbeing challenges facing North Somerset from April 2020.

Regular updates will be provided to the Health and Wellbeing Board on the implementation of this plan and learning that emerges from moving to a new model for the JSNA.

2. POLICY

The purpose of the JSNA (and Health and Wellbeing Strategies) is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through the health and wellbeing board. National guidance is not prescriptive on what the JSNA should look like. It states that JSNAs are produced by health and wellbeing boards and are unique to each local area. Full details of the national guidance (2013) can be found [here](#)

A range of quantitative and qualitative evidence should be used in JSNAs. There are a number of data sources and tools that health and wellbeing boards may find useful for obtaining quantitative data. Qualitative information can be gained via a number of avenues, including but not limited to views collected by the local Healthwatch organisation or by local voluntary sector organisations, feedback given to local providers by service users; and views fed in as part of community participation within the JSNA and Health and Wellbeing Strategy process.

National guidance states that JSNAs should contain:

- demographics of the area, and needs of people of all ages of the life course including how needs vary for people at different ages;
- how needs may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, such as people who find it difficult to access services; and those with complex and multiple needs such as looked-after and adopted children, children and young people with special educational needs or disabilities, troubled families, offenders and ex-offenders, victims of violence, carers including young carers, homeless people, Gypsies and Travellers, people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging;
- wider social, environmental and economic factors that impact on health and wellbeing such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances, employment; and
- what health and social care information the local community needs, including how they access it and what support they may need to understand it.

3. DETAILS

It has been recognised that the current North Somerset JSNA needs refreshing and the development of the new Health and Wellbeing Board and a Health and Wellbeing Strategy is a significant opportunity to develop a new approach.

A reformed officer steering group has met in July and October to consider possible models of future working based on local needs and opportunities and learning from JSNAs from other parts of the country. For example, some of the distinguishing features of assessments in other local areas are described below:

- [Dorset JSNA](#)
Dorset adopts an investigative approach, using systems theory to review key challenges that are important to the local system.
- [Swindon JSNA](#)
Swindon use a series of infographics to display highlights from their JSNA to create a common understanding and inform local action.
- [BANES JSNA](#)
BANES use a wiki approach to their JSNA, which includes a search engine to help users find relevant content.
- [Birmingham JSNA](#)
Birmingham use a life course theme approach to group together a range of individual chapters and reports.

The review of other assessments helped the group to focus on three main options for the future format of the JSNA. These could be seen a single solution or a combination of approaches.

1) *Refresh the current format and commission new content*

This could be done by reviewing the current content and agreeing which chapters should continue to feature in a new JSNA and whether there should be new areas that should also be covered. This would require the Health and Wellbeing Board agreeing a clear timetable and responsibility for updating the information either annually or every two or three years.

The main challenges of this approach is ensuring there is capacity to provide these regular updates and consistency in how the data and analysis is presented. Identifying the links between different chapters and drawing clear conclusions to inform local action is also something that would need to be strengthened.

2) *Agree a new core data set and move to automated updates through local or national data sources*

This could be done by agreeing what local data (local authority and NHS) should feature and what data can be sourced elsewhere, for example, Public Health England. A core data set could be automatically updated which would remove the need for chapter owners to regularly review content.

The main challenge of just delivering this approach is that although data is at the core of understanding population needs, there is also clear benefits in reviewing qualitative feedback around service user experience, residents' aspirations etc. Evidence around what interventions are effective and analysis between current service provision and what would better meet population needs helps to identify clear priorities for action.

There is also a need to have a user-friendly single access point to data, including graphic representation of key trends. The current home of the JSNA – the Council's main website – is very limited in its approach to creative and engaging presentation of data and analysis.

3) *Move beyond a new core data set plus priority investigations*

Rather than look to develop a wide range of chapters, the emphasis could be placed on a smaller number of detailed investigations to support strategic change that the Health and Wellbeing Board wants to prioritise. These investigations could follow a standard format

and agreed through an annual planning process agreed by the Health and Wellbeing Board.

For example, an investigation could cover:

- Executive summary (including the use of images and infographics to easily communicate key findings)
- Population characteristics
- Population needs
- Evidence based practice
- Current service provision
- Service improvement opportunities (gap analysis)
- Implications for local action

Recommendations from the JSNA Steering Group

- Overall agreement with the need to make a change with a preference for developing a core data set by March next year and launch a programme of up to three investigations for 2020/21 under the direction of the Board and then have a rolling annual programme of investigations.
- Infographics and other simple images/graphics should be used to summarise key data sets and analysis and the findings of any HAWB sponsored investigations. This is considered to be an effective communication tool and makes information more accessible for a wide range of audiences.
- Take action to explore the full potential of providing an effective gateway to local authority, NHS and national data/analysis. Finding the best way to link data sets and create easy access to useful information should be supported by sponsoring organisations in the Board.
- As well as involving the Board, there should be a workshop for a wider group of stakeholders to enable other interested parties to help understand and shape the development of the JSNA. This could be linked to the development of a new Health and Wellbeing Strategy.

4. CONSULTATION

An officer steering group, including a range of representatives from across the Council, plus a Clinical Commissioning Group representative collaborated on the development of this proposal. The new approach has also been discussed with Healthwatch given the importance of the JSNA including and complementing local insight about the experience of people accessing (or not accessing) health and care services.

5. FINANCIAL IMPLICATIONS

The JSNA will be developed from within existing resources which is primarily officer time. Any development costs to create more effective channels for communicating its findings will be identified and the Director of Public Health will ensure appropriate resources are available to meet these aims.

Costs

No direct costs at this stage apart from officer time to develop the new model for the JSNA.

Funding

None required at this stage.

6. LEGAL POWERS AND IMPLICATIONS

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and Joint Health and Wellbeing Strategies, through the health and wellbeing board. National guidance is not prescriptive on what the JSNA should look like. It states that JSNAs are produced by health and wellbeing boards and are unique to each local area. Full details of the national guidance (2013) can be found [here](#)

7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

The scope of the JSNA is broad and includes wider social, environmental and economic factors that impact on health and wellbeing such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances and employment.

The JSNA will include intelligence about factors that impact on climate change and our local environment. This will include the evidence base demonstrating the aligned benefits of action to address climate change and health and wellbeing change.

8. RISK MANAGEMENT

JSNAs perform an important role in helping to identify key challenges to health and wellbeing in the local population. Failure to develop an effective JSNA may risk key outcomes not being addressed and health inequalities could widen.

9. EQUALITY IMPLICATIONS

No. Equality implications of current and future service delivery as well as wider determinants of health and wellbeing are addressed through the JSNA. Reducing gaps in health outcomes between population groups is one of the key aims of producing the JSNA.

10. CORPORATE IMPLICATIONS

The JSNA will support the delivery of the new Corporate Strategy by providing key data and analysis to inform action planning and partnership working. The JSNA will also support the ambitions set out under the Strategic Transformation Partnership across health and social care.

11. OPTIONS CONSIDERED

A review of options is described in Section 3 and is linked to the recommendations for action.

AUTHOR

Matt Lenny, Director of Public Health (with input from the JSNA Steering Group)

APPENDICES

None

BACKGROUND PAPERS

None