

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Dr Tony Hill, Executive Director of Community Wellbeing and Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	22 March 2016
Subject:	Proposals on the future provision of Lincolnshire's Joint Strategic Needs Assessment

Summary:

In March 2015, the Board agreed the process of review for the Joint Strategic Needs Assessment (JSNA). This report presents the key findings from the stakeholder engagement exercise, completed in December 2015, and suggests proposals to further improve Lincolnshire's JSNA.

Actions Required:

The Board is asked to:

1. Discuss and comment on the findings from the stakeholder engagement exercise;
2. Agree the recommendations for the future provision of Lincolnshire's JSNA shown in Section 4 of Appendix A
3. Give a clear steer on the inclusion of new JSNA Topics, including the topics suggested by stakeholders shown in List 3 of Appendix B.

1. Background

The requirement to produce a JSNA was first introduced by Local Government and Public Involvement in Health Act (2007) which placed a joint responsibility on the Directors of Public Health, Adult Care and Children's Services to produce a JSNA for the local area. The Health and Care Act (2012) amended the 2007 Act by introducing statutory duties and responsibilities on the Health and Wellbeing Board in relation to the JSNA and the Joint Health and Wellbeing Strategy (JHWS).

The JSNA is an assessment of the current and future health and social care needs of the local population. The JSNA is the overarching evidence base and is used by the Board and partners to:

- Inform the priorities in the JHWS by identifying the important health and wellbeing issues which require joint action; and
- Inform decisions about how services are designed, commissioned and delivered.

The current format of the JSNA has been in place since 2011 and is constructed around 35 individual topics that consider very specific areas. In March 2015, the Board agreed a process of review for the JSNA to inform the development of the new JHWS, to be in place by April 2018.

A multi-agency JSNA Steering Group has been established to oversee the review process and support the refresh process which will take place during 2016. The Group is made up of representatives from each of the CCGs, Adult Care, Children's Services, Public Health, Healthwatch Lincolnshire, District Councils and the voluntary & community sector.

The first stage of the review, to December 2015, examined the content, structure and processes underpinning the JSNA. The report, in Appendix A, summarises the key findings from the stakeholder engagement exercise and sets out a number of proposals and recommendations to further improve Lincolnshire's JSNA. It should be noted that, whilst the report focusses on where improvements can be made, processes for continuous improvement have been in place throughout the provision of the JSNA, and it should be recognised that Lincolnshire's current JSNA already meets a wide variety of need.

The starting point for the review during 2016/17 will be 33 of the current JSNA topics, see List 1, Appendix B. Feedback from the stakeholder exercise has suggested that two of the current topics are no longer relevant (List 2, Appendix B) and stakeholders have also suggested a number of possible new topics for inclusion in the future JSNA (List 3, Appendix B).

Alongside the JSNA review, work will also begin to develop a prioritisation framework for the new JHWS. The intention is to bring a paper to the Board in September 2016 for the Board to agree the framework and the approach to be taken to identify a long list of priorities for consultation during 2017. Appendix C provides a high level timeline showing the key elements of the JSNA and JHWS reviews from now until March 2018.

2. Conclusion

Lincolnshire Health and Wellbeing Board has a statutory duty to produce a JSNA and to use this to inform the priorities in the JHWS. This report sets out a number of proposals to further improve Lincolnshire's JSNA.

3. Consultation

A stakeholder engagement exercise was conducted between September and December 2015; this included all the statutory organisations on the Board, District Councils, NHS Providers, and Voluntary and Community Sector organisations. Views were also sought from the Health Scrutiny Committee for Lincolnshire.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Findings and Proposals of the 2015 Review of Lincolnshire's Joint Strategic Needs Assessment
Appendix B	JSNA Topic Lists
Appendix C	Review timeline

5. Background Papers

Document Title	Where the document can be viewed
Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (2011, Department of Health)	https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance

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Findings and Proposals of the 2015 Review of Lincolnshire's Joint Strategic Needs Assessment

1. Introduction

The Joint Strategic Needs Assessment (JSNA) reports on the health and wellbeing needs of the people of Lincolnshire. It brings together detailed information on local health and wellbeing needs and looks ahead at emerging challenges and projected future needs.

The JSNA is not an end in itself, but a continuous process of strategic assessment and planning led by Public Health and involving Children's and Adult Services, Clinical Commissioning Groups (CCGs), District Councils, Healthwatch Lincolnshire, the Voluntary and Community Sector and other partners. Overall responsibility for producing the JSNA rests with the Health and Wellbeing Board (HWB). The JSNA is used by the HWB to inform the priorities in the Joint Health and Wellbeing Strategy (JHWS), and as the basis for planning and commissioning services.

The current format of the JSNA has been in place since 2011 and is constructed around 35 individual topics that consider very specific areas, details provided in Appendix B. The JSNA is a shared resource which is available to stakeholders through the Lincolnshire Research Observatory (LRO). The objectives of the review are to identify ways of enhancing the current JSNA and to ensure future systems and processes support ongoing awareness, engagement and use.

2. Approach

The first stage of the review, to December 2015, examined the content, structure and processes underpinning the JSNA. Evidence was gathered through a variety of means including attendance at 64 stakeholder board meetings and events; 121 responses, including 10 corporate responses, to an on-line stakeholder feedback survey; research of the findings of previous engagement activities and past experience; and investigation of national guidance and experience of others.

The statutory guidance on JSNAs does not prescribe either format or content, advising only that 'local areas are free to undertake JSNAs in a way best suited to their local circumstances' – there is no template or format that must be used and no mandatory data set to be included.¹ Therefore the discussion and proposals in this report are aligned to the five principles suggested by the (then) Care Services Improvement Partnership on behalf of the Department of Health, and adopted in the provision of Lincolnshire's current JSNA. These principles are:

- Clear Purpose
- Effective Engagement
- Clear Content
- Commissioning & Outcomes
- Continuous Improvement

The remainder of the report will therefore be structured to the five principles.

¹ Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (2011), Department of Health

3. General Findings

3.1 Clear Purpose

There is wide variation in the awareness and use of the JSNA. For stakeholders familiar with the JSNA the purpose and benefit was clear, and it is seen as the 'go-to evidence base'. Feedback on the data within the JSNA was also very positive suggesting that the current content supports its purpose. Partners have used the JSNA to inform business planning, funding applications, evidence of resource need, service prioritisation, identification and filling of service gaps (particularly noted in relation to diabetes and obesity) and strategy development.

However, a significant number of respondents were completely unaware of the JSNA or, where they were aware, have never used it. These stakeholders were under the impression that the JSNA is solely for commissioners and cited examples of other data resources as their main sources of evidence, for example Public Health England Health Profiles and Office for National Statistics. There is also a wide perception that the JSNA is a single, stand-alone document rather than a body of evidence.

A number of suggestions for improvement were made, including on-going awareness raising of all aspects of the JSNA, as well as better information on the purpose and benefits of using the JSNA. These were seen as key to improve levels of understanding and buy-in. Furthermore, it was felt that there was a need to demonstrate the differences and links between the JSNA evidence base and the priorities in the Joint Health and Wellbeing Strategy. Increased data sharing and provision of partner intelligence to the JSNA was seen as a way of making it a more useful and purposeful evidence base.

3.2 Effective Engagement

Engaging partners effectively in the JSNA is as much about relationship building, as information flows, and it is apparent that buy-in across stakeholders is inconsistent. Many partners, wrongly perceived, that Public Health alone was responsible for producing the JSNA, with little awareness of the statutory nature of the evidence base nor the requirements placed on Health and Wellbeing Board members/organisations to be involved in its development.

Feedback suggests that the JSNA review needs to be a 'genuine offer' to engage more effectively with partners and stakeholders. It is positive that, following the presentations, several boards and networks have offered to make the JSNA a standing item at their meetings, if the key contacts and processes for involvement can be outlined. This reflects a growing awareness and recognition of its importance to partner organisations, including those in the third sector. In general, organisations welcome the opportunity to be more engaged in the JSNA, seeing it as an opportunity to increase 'networking' and 'collaborative working'. Therefore there is an opportunity to build on this willingness during the forthcoming refresh.

Stakeholders felt that on-going promotion and awareness should include information on the processes for developing, updating and interpreting intelligence and information on how all partners could feed information and data into the JSNA. Some felt that the benefit of using the Voluntary and Community Sector (VCS) organisations and local partners to access intelligence on more 'hard to reach' communities should be recognised, as these often have established and trusted 'routes in'. There is also a role for VCS infrastructure

organisations in involving and disseminating information to smaller, grass roots community-organisations and groups.

3.3 Clear Content

Feedback in relation to this principle most frequently centred on making the JSNA 'easier to use' and 'easier to understand'. Respondents highlighted the importance of appropriate language, suggesting solutions such as reducing jargon, the use of easy to understand terminology and continuation of the easy read version of the JSNA. It was also suggested that topic commentaries could be made more simple, concise and accessible, and that the intelligence within them could benefit from a more flexible approach to provision across the JSNA.

There were also suggestions on how the evidence base could be broadened. These include addition of Asset Based information (in reference to 'building healthy, sustainable communities'), widening of data on issues such as mental health, sensory impairment, disability, neurology, health inequalities, dementia, autism, end of life care, offenders, domestic violence, financial inclusion and wider determinants of health (for example, housing, deprivation and isolation), and by focusing on particular groups such as marginalised and minority groups. There was also a view that wherever possible data should be provided at the lowest level to aid local commissioners.

Feedback was also received asking for the topics on Residential & Nursing Care and Personalisation to be removed from the future JSNA as these were services rather than needs.

Away from specific gaps, the value of other types of evidence was noted. It was felt that rich, qualitative data that 'tells a story' should be included, and that in order to achieve this, the purpose, use and value of this type of data needed to be defined. Information on assets and strengths were seen as an important part of the picture, not just need. Examples of useful qualitative evidence include case studies, service-user views and those of specific client groups, best practice examples and experiences of others.

3.4 Commissioning & Outcomes

The current JSNA is not fully embedded and is not consistently or routinely used by stakeholders in the development, review and commissioning of services. There is a need to ensure all statutory partners take account of the JSNA in decision making and the commissioning of services. To help facilitate this, the links between the JSNA and the priorities in the JHWS need to be made clearer and more explicit.

As in other principles, local level intelligence, additional data sources and practical examples were all raised in relation to the ability of the JSNA to influence commissioning decisions. The issue of practical examples was noted a number of times and this suggests that commissioners lack confidence to interpret and utilise the evidence provided in the JSNA.

3.5 Continuous Improvement

It should be noted that, whilst this report focuses on where improvements can be made, there were a large number of positive comments about the existing format and usability of the JSNA. This should be acknowledged to ensure that existing good practice is not lost and that the current provision is built upon to further support commissioners, services and communities of Lincolnshire in protecting and improving health and wellbeing. In addition,

processes for continuous improvement have been in place throughout the provision of a JSNA in Lincolnshire, and it should be recognised that the current JSNA already meets a wide variety of needs.

4. Proposals and Recommendations for the Future Provision of Lincolnshire's JSNA

1. Feedback suggests that all but two of the current 35 topics are still relevant therefore the **recommendation is to continue with a base of 33 topics shown in List 1 of Appendix B**. These 33 topics will form the basis of the fundamental review of the JSNA content during 2016/17.
2. Feedback suggests that two topics, shown in List 2 of Appendix B, are no longer relevant as they are services not needs, therefore the **recommendation is to remove these topics from the refreshed JSNA**.
3. Feedback suggests there are gaps in the current list of JSNA topics and a number of possible new topic areas have been suggested by stakeholders, shown in List 3 of Appendix A. Whilst there is a need to ensure the JSNA accurately reflects the health and care needs in Lincolnshire, this should to be balanced against keeping the number of topics manageable. Therefore the **Board is asked to give a clear steer on the inclusion of new JSNA topics**. Based on the Boards recommendation the JSNA Steering Group will work with, and task key stakeholders to explore potential gaps.
4. Feedback suggests the current processes for updating the JSNA topics are not adequate and it is **recommended that a more formalised process supported by specialist and analytical capacity is required to support the refresh**. To ensure this, it is proposed to:
 - Prioritise the topics for review into rolling cohorts – 5 or 6 topics per cohort;
 - Stagger the review start date for each cohort so not all the topics are being reviewed simultaneously;
 - Establish expert panels, made up of representatives from the County Council, CCGs and other appropriate partners, for each topic. The expert panel will be responsible for overseeing the refresh of the topic;
 - Allocate a Public Health Analyst to each topic to support the work of the expert panels.
 - Members of the JSNA Delivery Group lead aspects of the review.
 - The expert panels will be time limited in duration to ensure all topics are assessed appropriately in year.
5. Feedback suggests that ownership and buy-in needs to be strengthened. It is therefore **recommended that the governance arrangements for the JSNA are reviewed and the JSNA Steering Group is refocused into a Delivery Group**. This new group will have a clear role in championing the JSNA in their organisation and supporting/tasking colleagues to input into the review.
6. Feedback suggests that awareness and information about the purpose and role of the JSNA needs to be improved. It is therefore **recommended that a programme of engagement and communication is developed to support the programme of review** outlined in recommendation 4. Communication and engagement activities will be delivered, and supported by HWB partners, in line with the Engagement Framework that was agreed by the Board in September 2015.

JSNA Topic Lists

List 1 – Current JSNA Topics

Alcohol (Adults)	Life Expectancy
Breastfeeding	Looked After Children
Cancer	Mental Health
Childhood Immunisation	Obesity (Adults)
Childhood Obesity and Weight Problems	Physical Activity
Chlamydia Screening	Physical Disabilities
Chronic Obstructive Pulmonary Disease	Pregnancy and Maternal Health
Chronic Heart Disease	Road Traffic Collisions
Diabetes	Smoking (Adults)
Drug Misuse	Special Educational Needs
Educational Attainment (Foundation)	Stroke
Educational Attainment (KS4)	Suicide
Excess Seasonal Deaths	Teenage Pregnancy
Falls	Unpaid Carers
Food & Nutrition	Young People within the Criminal Justice System
Housing	Youth Work
Learning Disabilities	

List 2 – Current JSNA Topics – proposal is to remove from the future JSNA

Topics	Rationale and Comment
Residential and Nursing Care	These topics are not areas of need but services that are delivered to meet the needs.
Personalisation	

List 3 – Suggested New JSNA Topics – identified through the stakeholder engagement exercise

Suggested new topic	Rationale and Comment
Autism	Autism is briefly mentioned in the Special Educational Needs and Learning Disability topic. However neither topic gives a full assessment of the needs of people with Autism.
Dementia	Dementia is currently included in the Mental Health topic but given Lincolnshire's ageing population stakeholders have suggested it would be advantageous to have a separate topic on dementia.
Domestic Abuse	Not currently covered in the JSNA. The rates of domestic abuse are increasing and there are some issues about under reporting in certain demographics.
End of Life Care	Not specifically referenced in the current JSNA. The preference would be to not have this as a separate topic but to incorporate aspects of End of Life Care into existing topics covering long term conditions for example Cancer, Stroke, COPD, CHD.
Environmental Resilience	Not currently covered in the JSNA

Financial Inclusion	Aspects of financial inclusion are covered in a number of existing JSNA topics. However, stakeholder feedback suggests, as this issue has a significant impact on people's life chances and wellbeing, it warrants being a topic in its own right.
Health inequalities/deprivation	The current JSNA does not include sufficient information and data on health inequalities and deprivation, and this has been identified as an area for improvement. The preference would be not to create a separate topic on health inequalities but to ensure, where possible, relevant information is incorporated into existing topic commentaries.
Isolation/transport/access	Not currently covered in the JSNA. Isolation, loneliness and access to transport have been highlighted as significant issues in many parts of Lincolnshire, especially given the rural nature of the county and the ageing population.
Neurology	Not currently a topic in the JSNA. This is a long term condition and the prevalence of neurological conditions is likely to rise due to Lincolnshire's ageing population.
Offenders	Offenders have been suggested as a specific group that needs to be included in the JSNA. Many of the current topics already make reference to the needs of various disadvantaged groups and the preference would be not to have a separate topic on Offenders but to ensure their needs are fully included in existing topic commentaries, for example Mental Health, Housing, Drug Misuse
Sensory Impairment	Sensory Impairment is already included in the Physical Disabilities topic; therefore the preference would be not to have this as a separate topic but to ensure the Physical Disability topic fully reflects the needs of people with sensory impairment.

JSNA & JHWS Development Timeline

