Lincolnshire COUNTY COUNCIL		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Tony McGinty, Interim Director of Public Health

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**23 November 2016**
Subject:	**Lincolnshire Health and Wellbeing Board Annual Assurance Report**

Summary:

Under the Health and Social Care Act 2012 Health and Wellbeing Boards (HWB) are required to publish a Joint Strategic Needs Assessment (JSNA) for the local area. The JSNA is an assessment of the current and future health and social care needs and is the overarching evidence base used by the HWB to inform the priorities in the Joint Health and Wellbeing Strategy.

The protocol agreement, signed between the Lincolnshire Health and Wellbeing Board (HWB), Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire in December 2014, sets out the working relationship and respective roles in delivering the shared ambition of improving health and wellbeing in Lincolnshire. This agreement states that the Health Scrutiny Committee will *'hold the Board to account for its work to improve health and wellbeing of the people of Lincolnshire, including its responsibilities in relation to the JSNA and JHWS.'* This report therefore provides information on current activity to ensure the HWB is meetings its statutory duties in respect of developing the new JSNA and JHWS.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is asked to:

1) Consider and comment on the fundamental review of the Joint Strategic Needs Assessment.
2) Consider and comment on the Joint Health and Wellbeing Strategy Prioritisation Framework

1. Background

The Health and Wellbeing Board (HWB) is a strategic forum which brings together key leaders form the health, public health and care systems to work together to improve the health and wellbeing of the people of Lincolnshire. The Lincolnshire HWB was established as a formal committee of the county council in April 2013 as part of implementing the Health and Social Care Act 2012. Board members collaborate to understand communities' needs, agree priorities and encourage commissioners to work in a more joined up way.

The HWB has a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS). The JSNA looks at a wide range of data and evidence to identify the key issues for people living in Lincolnshire. This is then used as the basis for the planning and commissioning of services to meet these needs. The JSNA is used by the HWB to inform the priorities in the JHWS. The strategy aims to inform and influence decisions about health and social care services.

The protocol agreement, signed between the Lincolnshire Health and Wellbeing Board (HWB), Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire in December 2014, sets out the working relationship and respective roles in delivering the shared ambition of improving health and wellbeing in Lincolnshire. This agreement states the Health Scrutiny Committee will *'hold the Board to account for its work to improve health and wellbeing of the people of Lincolnshire, including its responsibilities in relation to the JSNA and JHWS.'* This report therefore provides information on current activity to ensure the HWB is meetings its statutory duties in respect of developing the new JSNA and JHWS.

Fundamental Review of the Joint Strategic Needs Assessment

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 report was presented to Health Scrutiny in September 2015 outlining the timetable for the review and giving details on the Stakeholder Engagement phase. The engagement exercise, which ran between September and December 2015 sought views on the content, processes and methodologies underpinning the JSNA. Health Scrutiny contributed to this exercise and submitted a formal response in December 2015.

The stakeholder feedback highlighted a number of weaknesses in the JSNA processes and wide variation in the levels of awareness and use of the JSNA. Stakeholders familiar with the JSNA value it as the 'go to' evidence base to inform business planning, commissioning, funding applications and service prioritisation. However, a number of respondents were either unware of the JSNA or had not used it. Buy in across partners was also inconsistent, many perceiving it as a Public Health responsibility, 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. Respondents also asked for the JSNA to be 'easier to use' and 'easier to understand'.

Based on the feedback, in March 2016 the HWB agreed the review approach based around topic expert panels. Using the current JSNA as the starting point the fundamental review began in April 2016. The topics were divided into five review cohorts with staggered started dates so not all of the topics were being reviewed simultaneously. Expert Panels, made up of appropriate representatives from the County Council, Clinical Commissioning Groups, health providers, District Councils, voluntary and community sector have been set up to support Topic Leads to refresh each of the topics. The process has been supported by a dedicated Data Analyst and the JSNA Support Officer.

A multi-agency JSNA Strategic Delivery Group (JSNA SDG) has been established by the HWB to steer the review process and approve the changes to the JSNA prior to publishing in Spring 2017. A Peer Review process has also been put in place to ensure each topic commentaries meet agreed set quality standards prior to being approved by the JSNA SDG.

Since April 2016, 33 Expert Panels have been held and approximately 400 people engaged in the process either through Expert Panels or as part of the peer review process. A full list of the JSNA topics, including a number of new topic areas, is shown in Appendix A.

Going forward (beyond March 2017), all topic areas will be reviewed on an annual basis. The JSNA Policy and Procedures also makes provision for changes to the JSNA, if there is sufficient evidence and information to do so. This change request process is managed formally as part of the work of the JSNA SDG.

Development of the next Joint Health and Wellbeing Strategy

Currently the JHWS produced by the HWB is due to end 2018 and the review of the JSNA which is being undertaken will be expected to form the basis upon which a new JHWS will be developed.

A report was presented to the HWB in June 2016 setting out some proposed principles for developing the next JHWS as well as a draft prioritisation framework which the HWB agreed should be further reviewed and tested as part of its informal session on 12th July 2016.

The HWB agreed in June that adopting a prioritisation framework will assist with the prioritisation process in a systematic way, ensuring a clear, rational approach and a defensible, transparent process for local decision making, whilst ensuring the active engagement of key stakeholders in the development of the JHWS. In order to achieve this, the following core principles for developing the next JHWS were agreed as follows:

1. Stakeholder engagement (that builds public and patient confidence in the process)
2. A clear and transparent process
3. Careful information management
4. Decisions based on clear value choices (underpinned by a sound evidence base)

5. Selection of an agreed prioritisation methodology that takes into account the ranking/scoring of a range of factors, or 'criteria'.

On the 12th July a workshop was held with members of the HWB alongside wider partners and stakeholders. The objectives of the session were to:

1. Agree the key criteria for use within the prioritisation framework for the next JHWS
2. Weight the criteria to reflect the varying importance each one has in prioritising JSNA evidence
3. Test the prioritisation framework with a JSNA topic commentary (the draft Breastfeeding topic commentary was used due it already having been completed)

These objectives formed the basis of three separate exercises in the workshop.

In total 31 people attended the workshop and were placed across five tables. Each table worked through each objective in turn. All tables at the workshop successfully reviewed the criteria and made recommendations for amendments, agreed a weighting for and assigned a score to each criterion within the framework. Following the workshop the framework has been amended along with a proposed weighting of criteria based on feedback and weighting from individual tables at the workshop. There are some limitations to the framework however with some further testing and refinement it is expected that these can be addressed.

The framework itself performed in a fairly consistent way following sensitivity analysis and so is judged to be fit for purpose from this perspective.

Following the HWB meeting on 27th September final amendments have now been made to the prioritisation framework and this is shown in Appendix B.

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 updates the Health Scrutiny Committee for Lincolnshire on the JSNA review and provides information on the JHWS Prioritisation Framework agreed by the Board in September 2016 which will be used to develop the next JHWS.

3. Consultation

A range of statutory and non-statutory partners have been engaged in the ongoing development of the JSNA as part of Topic Expert Panels or through the Peer Review Process.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	2017 Lincolnshire JSNA Topics
Appendix B	Joint Health and Wellbeing Strategy Prioritisation Criteria

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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2017 Lincolnshire JSNA Topics **Appendix A**

Topic	Topic Lead	New
Alcohol (adults)	Chris Weston/Phil Garner	
Autism	Justin Hackney	Yes
Breastfeeding	Mandy Clarkson	
Cancer	Dr Kakoli Choudhury	
Carers	Jane Mason	
Coronary Heart Disease	Dr Kakoli Choudhury	
Chronic Obstructive Pulmonary Disease	Dr Kakoli Choudhury	
Dementia	Justin Hackney	Yes
Diabetes	Dr Kakoli Choudhury	
Domestic Abuse	Karen Shooter	Yes
Drug Misuse	Chris Weston/Phil Garner	
Educational Attainment (Foundation)	Heather Sandy	
Educational Attainment (Key Stage 4)	Heather Sandy	
Environment	Sean Johnson	Yes
Excess Seasonal Deaths	Dr Kakoli Choudhury	
Falls	Dr Kakoli Choudhury	
Financial Inclusion	Nicole Hilton/Lynne Faulder	Yes
Food & Nutrition	Chris Weston/Phil Garner	
Housing	Tony McGinty	
Immunisation	Shade Agboola	
Learning Disabilities	Pete Sidgwick	
Looked After Children	Janice Spencer/John Harris	
Maternal Health and Pregnancy	Mandy Clarkson	
Mental Health (adults)	Dr Kakoli Choudhury/Justin Hackney	
Mental Health (children & young people)	Sally Savage	
Obesity (all ages)	Chris Weston/Phil Garner	
Physical Activity	Chris Weston/Phil Garner	
Physical Disabilities & Sensory Impairment	Pete Sidgwick/Theo Jarratt	
Road Traffic Collisions	Steven Batchelor	
Sexual Health	Shade Agboola/ Carol Skye	
Smoking	Chris Weston/Phil Garner	
Special Educational Needs & Disabilities	Stuart Carlton/Sheridan Dodsworth	
Stroke	Dr Kakoli Choudhury	
Suicide	Dr Kakoli Choudhury	
Teenage Pregnancy	Stuart Carlton/Alison Poxon	
Young People in the Criminal Justice System	Andy Cook	

Joint Health and Wellbeing Strategy Prioritisation Framework **Appendix B**

JHWS Prioritisation Framework Criteria	Weighting of criteria (High=3, Medium=2, Low=1)	Very Low (Score = 1)	Low (Score = 2)	Mid-scale (Score = 3)	High (Score = 4)	Very High (Score = 5)
Supporting prevention Does addressing the topic area (i) improve the overall health and wellbeing of the population; (ii) reduce the escalation of health and care needs in future, e.g. through identifying individuals at risk of health conditions or events; (iii) maximise peoples independence through effective treatment and recovery of health conditions?	High	No evidence of improvement to health, delay or prevention in the use of healthcare services and/or improvement treatment and recovery	Slight evidence of improvement to health, delay or prevention in the use of healthcare services and/or improvement treatment and recovery	Moderate evidence of improvement to health, delay or prevention in the use of healthcare services and/or improvement treatment and recovery	Significant evidence of improvement to health, delay or prevention in the use of healthcare services and/or improvement treatment and recovery	Strong evidence of improvement to health, delay or prevention in the use of healthcare services and/or improvement treatment and recovery
Strategic fit: National requirement or Outcome Framework indicator (PH, NHS, ASC) or local policy priority.	Medium	Not a national requirement or indicator and no clear local policy priority	Addresses one or more national requirements or indicators but is not a local policy priority	Addresses one/two national requirements or indicators and is a local policy priority	Addresses three national requirements and/or indicators and is a local policy priority across two or more partners	Addresses four or more national requirements and/or indicators and is a policy priority across multiple partners (three plus)
Health inequalities/equity: The criteria incorporates both health inequity (an unfair or unjustifiable difference in health) and health inequality (differences in health arising from social inequalities in the conditions in which people are born, grow, live, work & age). The criteria assesses the scale of inequalities (defined as inequalities in access and outcomes) as relevant to the JSNA topic area.	High	No evidence of inequalities/inequity amongst different groups of individuals, as relates to the topic area.	Limited amount of evidence of inequalities/inequity affecting a small number/group of individuals, as relates to the topic area.	Evidence of geographic or population-based inequalities, affecting a moderate number/group of individuals	Significant evidence of geographic or population-based inequalities, affecting multiple groups of individuals	Strong documented evidence exists demonstrating the impact of persistent & widescale geographic or population-based health inequalities/inequity affecting a large section of the community.

JHWS Prioritisation Framework Criteria	Weighting of criteria (High=3, Medium=2, Low=1)	Very Low (Score = 1)	Low (Score = 2)	Mid-scale (Score = 3)	High (Score = 4)	Very High (Score = 5)
Strength of evidence: How strong is the evidence of need contained within the topic commentary? Does it include a mixture of both qualitative & quantitative data sources to provide a broader context around the topic area?	High	Evidence of need is poor	Evidence of need is limited to one type of data source	Evidence of need includes a combination of qualitative & quantitative data sources but there is no consistent 'message' regarding needs	Evidence of need includes a combination of qualitative & quantitative data with a coherent & consistent 'message' regarding needs	Evidence of need is robust containing strong and consistent evidence of need derived from multiple & diverse data sources.
Value for money: The criteria assesses the extent to which value for money considerations regarding service/activity interventions are evidenced in the JSNA topic area. Have any calculations been undertaken, e.g. Spend and Outcome (Return on Investment) Tools (SPOT)?	High	No VFM calculations available	VFM calculations available and demonstrate poor value for money	VFM calculations available showing cost effective service interventions (or the potential for them to be delivered) across a short timeframe only (1-2 years)	VFM calculations showing cost effective service interventions that deliver (or the potential to deliver) sustained value for money across a short and medium term period (3-5 years)	VFM calculations and/or good programme budgeting intelligence to support investments that deliver (or have the potential to deliver) VFM across short, medium and longer term
Magnitude of benefit: What is the benefit in terms of quality of life improvements and proportion of the population (potentially) affected? The criteria incorporates (i) the scale of improvements in health and (ii) life expectency and healthy life expectancy	High	No or negligible improvement in health or life expectancy evidenced	A small improvement in health or life expectancy evidenced	Moderate improvements in health or life expectancy evidenced	Significant improvements in health or life expectancy evidenced	Large and proven improvements in health or life expectancy evidenced

JHWS Prioritisation Framework Criteria	Weighting of criteria (High=3, Medium=2, Low=1)	Very Low (Score = 1)	Low (Score = 2)	Mid-scale (Score = 3)	High (Score = 4)	Very High (Score = 5)
Number of people benefitting: What is the scale of the benefit in terms of quality of life improvements and size of population (potentially) affected? The criteria incorporates the number of people likely to benefit/be affected.	Medium	<1% of the population (up to approximately 700-800 people) affected/benefiting	1%-3% of the population (approximately 800 to 20,000 people) affected/benefiting	3%-5% of the poulation (approximately 20,000 to 35,000 people) affected/benefiting	Between 5%-7% of the population (approximately 35,000- 50,000) people affected/benefiting	>7% of the population (approximately >50,000 people) affected/benefiting
Public Understanding & Engagement: This criteria considers the extent to which there is consistent and robust evidence regarding the local views and priorities from stakeholders inc. residents and/or service users.	Medium	No evidence of views from stakeholders, patients, residents and/or service users	Weak evidence of views from stakeholders, patients, residents and/or service users	Evidence of views from stakeholders, patients, residents and/or service users is provided but no consistent 'messages' are evident	Some evidence of strong views from stakeholders, patients, residents and/or service users	Comprehensive engagement leading to evidence of strong & informed views from stakeholders, patients, residents and/or service users.
Risk of not prioritising: This criteria considers the risk of not prioritising the topic area having considered the level of need (incorporating trend, severity of need, comparator data, etc.) evidenced in the topic commentary.	Medium	No risk	Risk is low. Available evidence suggests low risk (i.e. data demonstrates needs are stable & in-line with regional, national or comparator area data)	Risk is fairly high. Available evidence suggests fairly high risk (i.e. data demonstrates above-average prevalence/need relative to regional, national or comparator areas and/or a gradual worsening trend)	Risk is high. Available evidence suggests high risk (i.e. data demonstrates need is worse when compared to regional, national and/or comparator areas and/or a worsening trend that is predicted to continue).	Risk is very high. Available evidence suggests very high risk (i.e. data demonstrates need is significantly worse than regional, national and/or comparator areas, with a rapid worsening of need over time if not addressed.)

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