

READING BOROUGH COUNCIL
REPORT BY MANAGING DIRECTOR

TO:	Health and Wellbeing Board		
DATE:	10 th October 2014	AGENDA ITEM:	11
TITLE:	Reading Joint Strategic Needs Assessment		
LEAD COUNCILLOR:	Councillor Hoskin	PORTFOLIO:	Health
SERVICE:	Public Health	WARDS:	Borough Wide
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To formally feedback to the Reading Health and Wellbeing Board on Phase 1 and 2 of the Reading JSNA and share lessons learned.

To provide information on Phase 3 delivery of the Reading JSNA and suggested timeframe for completion

2. RECOMMENDED ACTION

2.1 The Reading Health and Wellbeing Board is requested to note the report

2.2 The Reading Health and Wellbeing Board is asked to endorse the development of Phase 3 of the JSNA and the suggested timeframe for completion as outlined in the report

3. POLICY CONTEXT

Joint Strategic Needs Assessments (JSNAs) were first introduced as a statutory requirement in 2007 with responsibility for their production shared between local government and the local NHS. Since this time the six Berkshire Local Authorities and their partners have been refining their production of JSNA both in terms of process and contents.

From April 2013, the Health and Social Care Act (2012¹) introduced significant changes to the health and social care system. This meant a review of JSNA processes were necessary to ensure that the local system had the health and wellbeing intelligence it requires in order to commission and provide the best services based on an evidence of need.

¹ <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

New guidance was published around JSNA and Joint Health and Wellbeing Strategies (2013²) which would have to be considered within the local processes.

In order to respond to this challenge a new phased approach to JSNA was introduced by Public Health in Berkshire in 2013/14 and was subsequently endorsed by the Public Health Advisory Group and the six Berkshire Health and Wellbeing Boards as the approach to be adopted by each Local Authority and their respective Clinical Commissioning Groups.

The project plan for the new phased approach to JSNA begun in 2013/14 and included an intent to review the process at the end of phase 2. This review is outlined below. This includes a description of the notion behind a phased approach to JSNA, a summary of the completed phases (phase 1 and 2) including the lessons learnt, and a look forward to phases 3 and 4

The phased approach

The changes introduced by the Health and Social Care Act, the introduction of new JSNA guidance, reviews of previous JSNA, and the administrative structure of health and social care in Berkshire presented a challenge around the JSNA process which is broadly defined below;

- There was a need to make the JSNA accessible to a range of audiences
- There was a need to make the JSNA local and unique to each Authority
- There was a need to enhance the intelligence used within JSNA including a focus on locally sourced intelligence
- There was a need to update the JSNA to support the development of new Health and Wellbeing Strategies in 2015/16 (for strategies commencing the 2016/17)

In order to meet these needs a phased approach to JSNA was adopted consisting of four phases outlined in the table below.

Table 1: The JSNA phased approach

Phase	Title	Description	Suggested timeframe	Operational lead*
1	Develop a web based JSNA which tells the local story with refreshed data and newly created ward profiles	A move away from the large technical static documents to a more accessible, dynamic web-based JSNA. Six unique JSNAs, one for each Local Authority which tells the local story supported by Local Ward	End December 2013	Berkshire Public Health Shared Team

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

Phase	Title	Description	Suggested timeframe	Operational lead*
		Profiles		
2	Further develop the web based JSNA to link to key strategies across the Council	Utilise the power of a web-based JSNA in order to link to other key national and local strategies and examples of best practice providing a 'one-stop' place for information sourcing	End December 2013	Berkshire Public Health Shared Team
3	Build on other local information/data to provide details of health and wellbeing inequalities	Explore the wealth of local data already available within the council and held by health partners and the option to source new bespoke data and information including qualitative data. Increase the sense of a local voice within the JSNA focussing on inequalities and those groups often underrepresented in national datasets.	End March 2015	Local Authority
4	Review and update	A review of the new JSNA ensuring that the JSNA is fit for the purpose of updating the local health and wellbeing strategy	End March 2016	Local Authority

* The strategic lead responsibility for the delivery of the phased approach the JSNA falls under the Health and Wellbeing Board

4. THE PROPOSAL

Phases 1 and 2 summary

Phases 1 and 2 of the new JSNA process have now successfully been completed in all six of the Berkshire Local Authorities. There were different implementation and governance arrangements individual to each Local Authority through all covered some key steps. The implementation initially centred on the following deliverables:

- Delivery of a JSNA workshop
- Project management support
- Advice around the governance and implementation of the JSNA
- Data and project management representation at project groups
- Work with local web-teams to deliver the web-based JSNA
- Suggested JSNA theme and topic headings
- A suggested JSNA template to gather the information to cover each of the topic headings
- Drop-in sessions supporting the completion of the JSNA templates
- The provision of 'data packs' to complete the 'facts and figures' section of the templates (with local supplementation where necessary)
- The provision of JSNA Ward profiles
- The provision of CCG profiles
- Responses to requests for additional data and support
- Data advice

These were all delivered to the pre-agreed timescales to the specification given.

The JSNA templates were distributed amongst relevant members of staff who completed these prior to returning to the local JSNA Project Lead. The templates included an option to hyperlink the section to local and national strategies, and examples of best practice.

Once reviewed by the Reading JSNA Project Lead, the templates were sent to Public Health Services for Berkshire who followed a stepped approach to quality control the templates. Any templates requiring further work were returned to the original author and the Reading JSNA Project Lead

The final templates were made available to the local web-teams for uploading onto a newly created JSNA microsite.

Final products went through each individual council's sign-off process. Following sign off the Reading JSNA went live via <http://jsna.reading.gov.uk/>

Since its launch the Reading JSNA has been used by local partners in a variety of ways, including to:

- Inform the development of North and West Reading CCG and South Reading CCG 2 Year Operational Plan.
- Support discussions about the health needs of the population registered at Circuit Lane practice
- Engage providers and community organisations around links between mental health physical health and identify service gaps and unmet needs in mental health service provision in Reading
- Provide baseline information for local stakeholders as part of a Reading diabetes prevention scoping workshop

- Inform content of Reading's Better Care Fund submission as the basis for identifying population needs

Phases 1 and 2 lessons learnt

As when introducing any new way of working, the process of working through phase 1 and 2 of the JSNA highlighted some areas for future learning which will be invaluable when working through subsequent JSNA phases. These have been outlined below.

Lessons learnt

- A JSNA working group with clear Terms of Reference is invaluable to the delivery of the JSNA to time
- The amount of data provided needs to be broad and not excessively detailed
- There is a need to make use of national level data where local level data is not available
- There is opportunity to supplement the broad evidence of need with more detailed deep-dive analysis
- There is a need to go beyond the data into assessment of evidence
- The data needs to match with what is published elsewhere on the council website else the reasons for any differences be clearly stated
- Trends and projections will support forward planning
- Data needs to be produced over a longer timeframe to balance the JSNA workload with other business objectives
- A structured process for logging and reviewing sections as they were returned is essential to keep track of the numerous templates
- Project planning is essential
- Strategies should be supported by the JSNA evidence
- The editorial process is a large amount of work which needs to be allocated and time factored
- Contributors may be new to JSNA and need appropriate support
- Some topics may be best approached over a wider scale (e.g. pan-Berkshire, pan-Thames Valley)
- Decision makers will require raw numbers as well as charts

Looking forward to phases 3 and 4

The end of phase 2 of the JSNA process represented a clear and full handover of the operational responsibility of the JSNA from Public Health Services for Berkshire to the Local Authorities.

Public Health Services for Berkshire will continue to supply the Local Authorities with a core JSNA data set. A schedule of when national data updates will be released and available locally has been produced.

In line with the Phased approach outlined above and previously endorsed by the Health and Wellbeing Board, Phase 3 will focus on two broad areas:

1. Highlighting and filling information gaps from Phase 1 and 2

Two chapters - early access to antenatal care and child development were universally excluded in the initial phase due to a lack of recent local data. Early access to antenatal care data is now being published by NHS England and can, therefore, be included in subsequent updates. Child development data is currently unavailable to local authority due to the commissioning arrangements for health visiting services. This will be addressed during the transition of responsibility from NHS England to Local Authority.

2. Reviewing, updating and continuing to build on information within existing modules

Online JSNA content is organised across 6 chapters - Demographics, Starting Well, Developing Well, Living and Working Well, Ageing Well and People and Community, with each Chapter containing information on a range of sub chapters or modules.

Current web based modules across the 6 chapters will be reviewed by lead officers and where new data is available, updated, e.g. from information provided within the core JSNA data set.

It should be noted that in some cases, existing JSNA data will continue to be the most current available.

Consideration will also be given to where supplementary information and data from across the Council and from partners can be added where this is available, e.g. from local consultations and engagement activities that have taken place since completion on Phases 1 and 2.

In addition to the Local authority level JSNA, updated Ward profiles and CCG level JSNAs will be produced and updated via the website.

The suggested timeframe for local completion of this next phase (Phase 3) is March 2015.

Phase 3 will be followed by a full refresh of the JSNA in 2015/16 (Phase 4) - ensuring JSNA content and accessibility is fit for purpose re updating the Reading H&WB Strategy.

5. CONTRIBUTION TO STRATEGIC AIMS

The Phase 3 JSNA process supports the delivery of the requirement to conduct a JSNA to inform the Reading Health and Wellbeing Strategy and subsequent commissioning plans as set out in the Health and Social Care Act (2012).

6. COMMUNITY ENGAGEMENT AND INFORMATION

The Reading JSNA lead will work with the major stakeholders to encourage provision of quantitative and qualitative data from their own service areas and networks which can supplement and add value to the JSNA core data set.

Reading Healthwatch and Reading Voluntary Action will be approached to identify further and additional sources of information for inclusion in Phase 3 of JSNA as a key part of the development process.

7. EQUALITY IMPACT ASSESSMENT

Reading Borough Council must meet the Public Sector Equality Duty under the Equality Act 2010 and consideration will be given to this throughout the Phase 3.

All sections of the JSNA will continue to be developed with an awareness of inequalities of health and the JSNA core data set will continue to be a key tool to support authors in identifying inequalities across and within chapter content.

JSNA content includes information relating to a number of the protected characteristics within the Equality Act, including age, disability and religion.

The JSNA also includes a chapter on vulnerable groups who are known to experience health inequalities, including carers, offenders, veterans and people with a learning disability.

In addition to identification of inequalities enabled by robust local data, the Phase 3 development process will offer a further opportunity to gain knowledge and insight from partners on inequalities issues.

8. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 gives duties to local authorities and clinical commissioning groups (CCGs) to develop a Joint Strategic Needs Assessment (JSNA) and to take account of the findings of the JSNA in the development of commissioning plans. This builds on requirements previously set out in the Local Government and Public Involvement Act 2007.

The aim of the JSNA is to accurately assess the current and future health and care needs and assets of the local population in order to improve physical and mental health and wellbeing of communities and to reduce health inequalities within and between communities. The JSNA underpins Health and Wellbeing Strategies, and these will form the basis of commissioning plans.

9. FINANCIAL IMPLICATIONS

None identified

10. BACKGROUND PAPERS

None