

## READING HEALTH AND WELLBEING BOARD

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|-------------------------|----------------------------------------------------------|--------------------------------------------------------|
| <b>DATE OF MEETING:</b> | <b>15 March 2019</b>                                     | <b>AGENDA ITEM: 9</b>                                  |
| <b>REPORT TITLE:</b>    | <b>Developing our JSNA</b>                               |                                                        |
| <b>REPORT AUTHOR:</b>   | <b>Tessa Lindfield</b>                                   |                                                        |
| <b>JOB TITLE:</b>       | <b>Strategic Director of Public Health for Berkshire</b> | <b>E-MAIL: Tessa.lindfield@bracknell-forest.gov.uk</b> |
| <b>ORGANISATION:</b>    | <b>Public Health for Berkshire</b>                       |                                                        |

### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This paper describes a new approach to JSNA for local authorities across Berkshire and requests that this approach is approved by the Board to be taken forward from April 2019.

### 2. RECOMMENDED ACTION

- 2.1 *For the Board to approve the new JSNA approach to be taken forward from April 2019*

### 3. POLICY CONTEXT

- 3.1 The Joint Strategic Needs Assessment is a joint duty between the Local Authority and CCG on behalf of the Health & Wellbeing Board.

### 4. THE PROPOSAL

#### 4.1 Current Position

A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area. The JSNA has been with us for the last 10 years or so and is a joint duty between the Local Authority and CCG on behalf of each Health & Wellbeing Board.

##### 4.1.1 What is the JSNA?

The JSNA aims to provide a common view of health and care needs for the local community. As well as identifying the burden of ill health in a community it is also concerned with the social factors that have an impact on people's health and wellbeing,

such as housing, poverty and employment. A key focus is on the unacceptable variations we see in health and wellbeing between communities - health inequalities.

The JSNA also looks at opportunities for improving health by providing evidence of effectiveness for different interventions.

#### **4.1.2 Who is the JSNA for?**

The main audience for the JSNA is health and social care commissioners who use it to plan services.

It can also be used as an evidence base for preparing bids and business cases, by the voluntary and community sector to ensure that community needs and views are represented, by service providers to assist in the future development of their services, and by the public to scrutinise local health and wellbeing information, plans and commissioning recommendations.

#### **4.1.3 Berkshire Unitary Authority JSNAs**

Since 2013, Public Health Local Teams and the Public Health Shared Team have coproduced the JSNA's for each of the local authorities. Each LA JSNA has different content and emphasis as it needs to inform health and wellbeing for its own population, but the core structure and process have been similar. The JSNAs have taken the form of annual publications of locality profiles, for example for CCGs and ward areas alongside a comprehensive set of themed chapters, for example on children or mental health.

In 2017 a more uniform, life course chapter structure was adopted with a system of regular data updates from the shared team for local teams to interpret and incorporate into their local JSNAs.

In 2018, the Consultants in Public Health reviewed current arrangements. They noted the following:

- The JSNAs were taking a disproportionate amount of staff time to produce in relation to its use by commissioners and impact on evidence-based decision making.
- The format of pdf documents was rigid, not searchable and difficult to navigate.
- Commissioners were requesting information that was already in the JSNA. They were not turning to the JSNA as the first port of call for information because they felt that it was not timely or relevant when they were redesigning and recommissioning services.
- Not all elements were recognised as being part of the JSNA – eg the CCG profiles.
- The Berkshire JSNAs were out of step with developments across the country.

#### **4.1.4 2018/19 JSNA Arrangements**

In July 2018 a lighter touch JSNA refresh for 18/19 was proposed to free capacity to re-examine the model of JSNAs across the Berkshire Local Authorities and recommend improvements.

Concurrently NHS bodies were developing Population Health Management, a potentially powerful data and information system to inform clinical service design and delivery. There was a risk of duplication of effort and confusion of intelligence for commissioners.

## 4.2 Options Proposed

The JSNA needs to evolve to be more efficiently produced, complement population health management and better meet the needs of its users with timely and useful information and intelligence.

As Population Health Management and the integration of health and care progresses, it is likely that the JSNA will evolve further. This model is intended to dovetail with new developments and suffice for the medium term and the development of the next Joint Health & Wellbeing Strategy.

### 4.2.1 The new JSNA model

Whilst each Authority's JSNA will be individual, a unifying vision supported by a set of principles is proposed for JSNAs in Berkshire Unitary Authorities,

*Local public health teams; the shared public health team; commissioners; health and wellbeing boards will actively work together to develop and promote the use of JSNAs as a suite of tools to identify health and wellbeing priorities and guide decision making, in order to reduce health inequalities and enable communities to live healthy lives.*

### 4.2.2 Principles

The JSNA will be:

- Useful
- Accessible
- A combination of published & self-generated resources
- Relevant for our populations
- Reflective of the views of residents
- Agile and responsive to change
- Informed by detailed needs assessments
- Produced collaboratively, sharing where it makes sense and locally tailored
- Coherent with other health & care intelligence systems and programmes, including Population Health Management.

The new JSNA will require shifts in focus:

away from *production* of data and intelligence towards *using* the JSNA to shape decisions about programmes to improve health and wellbeing.

away from a programme of *writing* reports and chapters towards JSNA users *interrogating data themselves* to inform decisions.

away from the scheduled production of thematic chapters towards fewer reports accompanied by analysis of local need and evidence of effectiveness as part of the design of interventions and pathways for health and wellbeing.

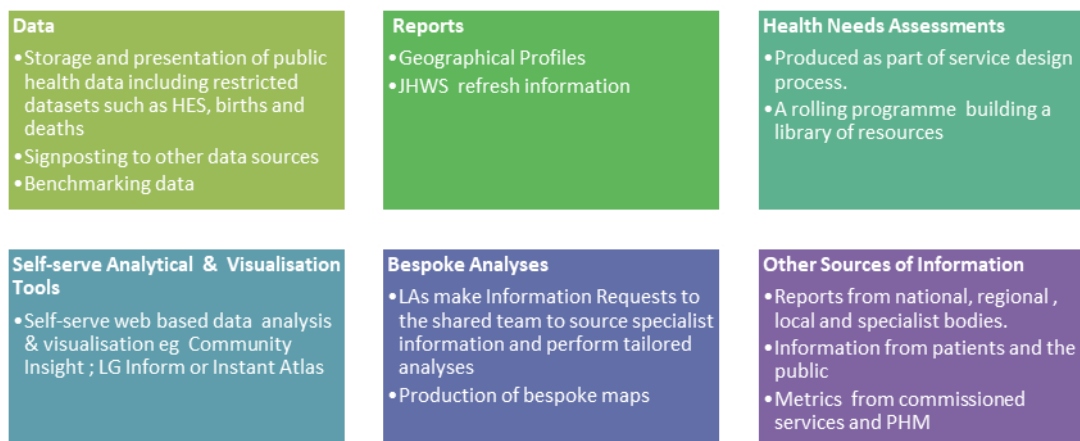
away from a large number of reports and chapters refreshed each year towards steadily building a library of resources.

away from public health teams producing the JSNA in relative isolation towards a more coordinated and integrated approach with all the statutory partners alongside other health and care intelligence programmes.

### 4.2.3 Building Blocks of the JSNA

The new JSNA will be a suite of resources as shown in Figure 1. Many of these are in place in some shape or form, but work will be needed to develop a new range of local routine reports; to roll out the self serve tool and build the library of resources. A key new area of work will be the inclusion of data from patients and residents.

Figure 1: JSNA Building Blocks



The work would be led by Public Health delivered by Local Teams and supported by the PH Shared Team. The costs can be absorbed within existing budgets. The JSNA steering group has been refreshed and invitations extended to partner organisations.

### 4.3 Other Options Considered

To maintain the current format.

## 5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 The proposal should enhance the planning and design of programmes to deliver all the objectives of the HWB

1. Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity, physical activity and smoking)
2. Reducing loneliness and social isolation
3. Promoting positive mental health and wellbeing in children and young people
4. Reducing deaths by suicide
5. Reducing the amount of alcohol people drink to safe levels
6. Making Reading a place where people can live well with dementia
7. Increasing breast and bowel screening and prevention services
8. Reducing the number of people with tuberculosis

5.2 The proposal will support the aims of the HWB by enhancing evidence based decision making for all Board member organisations.

- 5.4 The proposal recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. The proposal specifically addresses these in the following ways:

This proposal improves the quality and coordination of information to support all three foundations, particularly improving the quality and utility of information to support wellbeing.

## **6. COMMUNITY & STAKEHOLDER ENGAGEMENT**

This decision has not been subject to consultation to date.

## **7. EQUALITY IMPACT ASSESSMENT**

An Equality Impact Assessment is not required on this decision.

## **8. LEGAL IMPLICATIONS**

Not applicable

## **9. FINANCIAL IMPLICATIONS**

- 9.1 There are no negative financial implications of the new JSNA model, the costs can be met within existing budgets. Improving evidence based decision making has potential to improve efficacy and efficiency of service design.

## **10. BACKGROUND PAPERS**

- 10.1 None