



Health and Wellbeing Board

7 October 2015

Report title	Review of the Wolverhampton Joint Strategic Needs Assessment Process		
Cabinet member with lead responsibility	Councillor Sandra Samuels Public Health and Wellbeing		
Wards affected	All		
Accountable director	Linda Sanders	People	
Originating service	Public Health		
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Report to be/has been considered by	Public Health Senior Management Team		3 September 2015
	People Leadership Team		7 September 2015

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to support:

- 1.1 The formal establishment of a representative Joint Strategic Needs Assessment Working Group
- 1.2 The pulling together of a single compendium of demographic and population needs assessment information including health and social care need for Wolverhampton accessible for all.
- 1.3 The development of an updated interactive, electronic Joint Strategic Needs Assessment to provide access to the compendium mentioned above to support commissioning as well as the provision of information and the promotion of engagement for all.

1.0 Purpose

- 1.1** The purpose of this report is to present information as a result of a review of the local and national Joint Strategic Needs Assessment (JSNA) processes and propose an option for the development of an updated JSNA for Wolverhampton from 2016 onwards.

2.0 Background

- 2.1** The Local Government and Public Involvement in Health Act (2007) required upper tier Local Authorities and Primary Care Trusts to produce a JSNA of the health and wellbeing of their local community.
- 2.2** The Health and Social Care Act 2012 gave this duty to Health and Wellbeing Boards, with an additional statutory duty to prepare a joint health and wellbeing strategy to identify the needs identified in the JSNA.
- 2.3** The JSNA is a tool to understand the needs of Wolverhampton residents and agree collective action. It is a process that should identify the current and projected health and wellbeing needs of the local population across the life course, and bring together evidence in the form of numerical data, insights from communities and other high quality published evidence.
- 2.4** The JSNA should inform the priorities of the Health and Wellbeing Board's Joint Health and Wellbeing Strategy (JHWBS) and provide a shared evidence base for consensus on local priorities.
- 2.5** The current JSNA, developed and approved during 2012, focusses on outcomes and is derived from indicators contained within the three national outcomes frameworks (Public Health, NHS and Adult Social Care). However, this approach should now be strengthened to incorporate insights from the community and include other high quality evidence of local need.
- 2.6** It is proposed that a representative JSNA Working group is established to support the development of an integrated partnership approach to the development of an updated JSNA.
- 2.7** Publication of JSNA updates needs to shift from a high level indicator focus which are derived from the national outcome frameworks to a JSNA that is better able to demonstrate the impact of services and interventions on identified need and accurately assess the effectiveness of commissioned services or gaps in service provision.
- 2.8** It was agreed at the Health and Wellbeing Board meeting held in March 2015 that the local JSNA process should be reviewed, alongside the resources required to deliver any change.

3.0 Summary of the process used for JSNA across England

- 3.1 A detailed review of all available national JSNAs produced by local authorities was undertaken to ascertain the process used for developing and producing the JSNA, alongside methods used to publish the findings.
- 3.2 Whilst information on the JSNA development process was not available for all local authorities, a significant number of authorities did publish their JSNA process which consisted of the following:
- A JSNA working or steering group with agreed terms of reference
 - Stakeholder consultation events
 - A template for subject matter to be included in the JSNA
 - Guidance notes for subject matter authors
 - An agreed methodology for the undertaking of new subject quality reviews
- 3.3 The majority of the JSNA working groups existing around the country consist of representatives from the local authority (including Public Health Intelligence, Children's Services, Adult Social Care and Business Intelligence), Clinical Commissioning Group leads, HealthWatch, Third Sector and the Police.
- 3.4 The content of the JSNAs reviewed varied covering local priorities and a large breadth of health and social care needs across the life course, mainly using the six life course principles derived from *The Marmot Review*.¹
- 3.5 JSNAs have been produced since 2008 and over time there has been a shift in the publication of the JSNA findings and products. Whilst there were a number of printed documents, with up to 400 pages of comprehensive health and social care information, 85% (129/151) of JSNA reports are available electronically. Only 33% (52/151) of complete JSNAs were available as a hardcopy document only.
- 3.6 The electronic JSNA and products varied from the provision of a few electronic documents to an A-Z of health and social care need across the life course. An interactive facility for the JSNA was also developed on bespoke stand-alone JSNA or intelligence/insight websites or data observatories by 33% (31/99) of the authorities who did not produce a complete hard copy document.
- 3.7 The rationale for the move to electronic publication acknowledged the dynamic nature of the JSNA, citing the ability to make timely changes which are not possible with hardcopy publications.
- 3.8 None of the JSNAs reviewed were based solely on the national outcomes framework. Only one JSNA included framework indicators within the JSNA dataset, providing a local indicator summary document to define local need.

¹ Start well; develop well; live well; stay well; work well; age well

3.9 It was noted that websites hosting the JSNA frequently had a comments and query section to support on-going consultation regarding subject matter for inclusion in the JSNA.

4.0 Proposal for Wolverhampton JSNA

4.1 The current Wolverhampton JSNA, whilst outcomes focussed, needs to better reflect population need and include community insight and local evidence of need where possible.

4.2 A review of the JSNA process across England has demonstrated a consistent approach to content development and publication of the JSNA, supported by a defined governance structure.

4.3 To support the delivery of a dynamic, strategic assessment of population need and publishing of the findings it is recommended that the Health and Wellbeing Board support:

- The formal establishment of a representative JSNA Working Group
- The publication of a single compendium of population need including health and social care
- The development of an updated 'interactive' electronic JSNA to provide access to the compendium to support commissioning, the provision of information and the promotion of engagement for all.

4.5 A JSNA should not be just a document or a website. Implementation of these recommendations will ensure that the development and delivery of our local JSNA will be a clear process whereby consensus is reached on strategic needs and priorities supported by available evidence. This will support the identification of local priorities and the subsequent refresh of the JHWBS.

5.0 Financial implications

5.1 Funding for Public Health is provided to the Council by the Department of Health in the form of a ring-fenced grant. The initial funding allocation for Public Health for 2015/16 is £19.3 million, this is subject to a half year funding reduction for which consultation is currently in progress to determine the actual impact of the proposed announcement on the Council.

6.0 Legal implications

6.1 There are no anticipated legal implications to this report.

7.0 Equalities implications

7.1 There are no equalities implications related to this report.

8.0 Environmental implications

9.1 There are no environmental implications related to this report.

9.0 Human resources implications

9.1 There are no anticipated human resource implications related to this report.

10.0 Corporate landlord implications

10.1 This report does not have any implications for the Council's property portfolio.

11.0 Schedule of background papers

11.1 There are no background papers for this report