

TITLE **New Approach to JSNA**

FOR CONSIDERATION BY Wokingham Borough Wellbeing Board on Thursday, 11 April 2019

WARD None Specific;

DIRECTOR/ KEY OFFICER Tessa Lindfield, Strategic Director of Public Health

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report addresses all three of the JHWB Strategy priorities for 2018-2021
Key outcomes achieved against the Strategy priority/priorities	The new approach to JSNA will ensure that Wellbeing Board strategies and action plans are based on and address local needs

Reason for consideration by Wokingham Borough Wellbeing Board	For Wokingham Borough Wellbeing Board to approve the new approach to the JSNA from April 2019
What (if any) public engagement has been carried out?	None at present.
State the financial implications of the decision	None at present.

RECOMMENDATION

That the Board supports the proposals for the future approach to the JSNA for all Berkshire Unitary Authorities.

SUMMARY OF REPORT

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

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.

Background

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.

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.

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.

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.

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.

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.

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.

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.

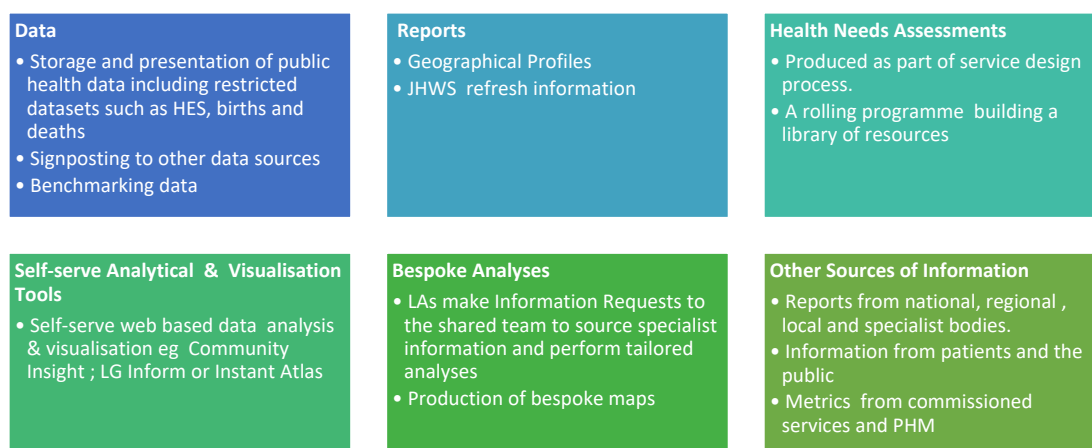
The new JSNA will require shifts in focus:

- 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.

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.

Partner Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers

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