

REPORT TO: Health and Wellbeing Board
DATE: 23 March 2022
REPORTING OFFICER: Director of Public Health
PORTFOLIO: Health and Wellbeing
SUBJECT: Joint Strategic Needs Assessment
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To determine the approach to Joint Strategic Needs Assessment (JSNA) required by the board and priority areas for 2022/23

2.0 RECOMMENDATION: That the Health & Wellbeing Board:

- I. Provide oversight for the annual Joint Strategic Needs Assessment workplan and support the development of a workplan for 2022/23;**
- II. Contribute to the production of the Joint Strategic Needs Assessment to ensure all partners are working collectively in Halton using the same intelligence to support joint decision making; and**
- III. Outline if they have a preferred approach to the development of the JSNA and governance arrangements for its delivery**

3.0 SUPPORTING INFORMATION

3.1 The JSNA is a statutory responsibility of the Health & Wellbeing Board (HWB). Its aim is to analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA will underpin the health and well-being strategy and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities.

The re-direction of analytical resources during the COVID-19 pandemic impacted on the production of Halton's JSNA. The purpose of this paper is to revisit how historically Halton's JSNA has been produced, and to explore the way forward, including utilising new technology for producing and updating the JSNA.

3.2 **Background to the JSNA**

Under the Health and Social Care Act 2012 local Health and Wellbeing Boards are responsible for producing the JSNA. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

The main purpose of JSNAs is to support local efforts to improve the health and wellbeing of the local population and reduce inequalities for all ages. The core aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities are used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.

It is apparent that the COVID-19 pandemic has worsened pre-existing inequalities, many of which have influenced the unequal impacts of COVID-19 in the first place¹.

3.3 **Local approaches to developing the JSNA**

2007: Halton's first JSNA was a single data heavy document in line with Department of Health guidelines on the minimum dataset for JSNAs

2009: an external evaluation of the 'single report' style JSNA revealed it be a useful reference tool. However, whilst it was data rich, it lacked the ability to fully support commissioning decisions as no issue was examined in sufficient depth. It also lack the policy context and evidence that supports local action.

2009-10: Introduction of NHS World Class Commissioning assessments included intelligence. Several areas were assessed as having particularly good approaches to JSNA and Halton took the opportunity to learn from these for its next full version.

2010-11: the next full refresh introduced a template and a series of discrete reports covering a wide range of child health, long-term conditions, ageing and wider determinants

2012-2013: A JSNA and Health & Wellbeing Strategy steering group was established to oversee production of both, setting the workplan for the JSNA.

2013/14: Children's JSNA produced in collaboration with Halton's Children's Trust. This was the introduction of deeper dive JSNA chapters to cover a population group.

¹ <https://www.local.gov.uk/perfect-storm-health-inequalities-and-impact-covid-19>

2014/15: The first Pharmaceutical Needs Assessment was produced. These are legally required and must follow a set of national regulations for development and content. They must be produced every 3-years.

2014-2019: The JSNA has had an annual workplan, developed either through a local steering group or via annual and in-year meetings with commissioners and policy leads

2020-21: much of the JSNA work was paused as teams were redeployed. The Public health team focussed on Covid surveillance and response.

3.4 Who is responsible for developing and maintaining the JSNA?

The JSNA is a joint responsibility, of the HWB, primarily endeavour between the local authority and CCG. Historically Halton's JSNA has been led by Public Health with Public Health analysts collating much of the data for both detailed health needs assessments that usually take in excess of 12 months to complete and shorter reports. Although needs assessments can have a lengthy life-cycle, the main issue with this approach is that the data and information can be quickly out-of-date. Shorter reports can be used to either update detailed HNAs or where a more focussed piece of analysis meets need.

3.5 Impacts of the Covid-19 Pandemic on the JSNA

When the Covid-19 pandemic began, the public health analytical resources were redeployed to support the regional and local response.

As such all the planned 2020 and 2021 topic reports were suspended, with the exception of:

- The completion of Learning Disability profiles (for Halton and across Cheshire & Merseyside) that the team were already working on and were delivered May 2020
- A SEND profile to support OFSTED inspection, delivered October 2020
- Inequalities in life expectancy data analysis report finalised August 2021
- A JSNA summary report 2021, produced September 2021 and tabled at the October 2021 HWB meeting
- From November 2021 to February 2022, at the request of the Interim DPH, the public health intelligence team also produced three data reports to support the workshops for the new Health & Wellbeing Strategy. The core themes of Starting Well, Living Well, Ageing Well and Wider Determinants could be used to shape the JSNA priorities
- In July 2021 work began on the new statutory Pharmaceutical Needs Assessment (PNA) for 2022-2025. Work continues on this with an aim to present the final report to the HWB in July to meet the legal requirement to publish on 1 October 2022.

It remains uncertain the extent of Covid-19 surveillance and frequency of reporting on Covid-19. Any step down of reporting may have to be

stepped back up if needed and this would likely impact on any agreed deadlines and scale of analytics needed for the JSNA work during 2022/23

3.6 **Potential approaches**

There is no 'one size fits all' approach to JSNA development or content. This is reflected in national guidance and 'best practice' tools. The approach needs to be designed to be flexible enough to fit with and assist local processes, capacity, and resources. Work for the JSNA should have an agreed scope, timescales to align with key decision-making dates, defined resources, and governance to ensure the work is signed off and utilised.

Over the lifetime of the Halton JSNA several approaches to agreeing the annual work plan and delivering the JSNA have been used. Each have merits and disadvantages. They are not mutually exclusive.

A single annual document

Advantages:

- The report could be updated annually
- A wide range of issues is covered each year
- A wide range of partners can contribute
- It is easy to see when the JSNA 'has been done'

Disadvantages:

- To cover the wide range of topics and populations groups needed to assess health and wellbeing the document was very long
- The document was data dense but intelligence light. The report had lots of data items but lacked the ability to understand the inter-relationships and complexity of the topics
- Each topic was 'skimmed over' rather than having a deep and rich understanding of what was driving headline outcome measures
- Feedback suggested that whilst it was a useful reference document, it did not help commissioners make decisions. This related to be above points
- It was seen as something public health produced in isolation
- There was limited ability to discuss and include emerging issues

A steering group

Advantages:

- Mandated by the HWB to oversee the annual workplan and monitor delivery. This includes discussing any blocks to delivery and solutions
- Includes a wide range of partners who each bring their own perspective, knowledge and skills
- Via the above ensures wide engagement with the JSNA at

senior level across organisations

Disadvantages:

- Can be officer time heavy for both group members to attend and to administer
- Workplan may not fit with the commissioning cycle

An annual commissioner and policy meeting

Advantages:

- Ensures the forthcoming years workplan fits with the commissioning priorities across the NHS and local authority
- Can cross-pollenate ideas at officer level to feed in to commissioning intentions and strategy development
- Is time-light to organise and administer

Disadvantages:

- Can lead to issues that don't sit easily with commissioning arrangement to be left out. This would include many of the wider determinants of health. Need to ensure as wide a range of partners as possible are included, not just those with commissioning responsibilities
- In-year priorities need to be negotiated so requires flexibility

Whichever approach, or combination of approaches, a draft annual summary report and proposed workplan should be presented to the HWB for their approval.

3.7 Potential Next steps

- I. The Public Health team have the experience and skills to obtain, analyse and interpret a wide range of health and care data needed for the JSNA. It is not therefore proposed to change this arrangement.
- II. Production of a Joint Strategic Needs Assessment that is up to date and relevant remains an iterative and continuous process.
- III. As we enter the new financial year and with the scaling back of the Covid-19 response and surveillance, now is an excellent opportunity to reflect of what Halton needs from its JSNA. It is important that the JSNA can be used to underpin the work of the Health and Wellbeing Board and shape the development of the Health and Wellbeing Strategy.
- IV. We also need to consider the changing NHS commissioning landscape and One Halton place-based integration. In July 2022 NHS Halton CCG will cease to exist, to be replaced by a placed-based organisation within the Cheshire & Merseyside Integrated Care System (ICS). The governance, structures and responsibilities of One Halton are currently being worked on.

- V. The development of the CIPHA data platform for population health (as well as Covid-19 reporting and service recovery) offers new opportunities. These include:
 - Collaborative data/intelligence projects across Cheshire & Merseyside on shared priorities. A 'do it once, avoid duplication' approach. This work has already begun, some of which is lead by Halton Public Health.
 - Potential to develop a localised version of CIPHA to deliver interactive data reports on local priorities
- VI. The Board is asked to consider:
 - if it has a preferred approach to development of the JSNA
 - How it wants to engage with the JSNA including frequency of reporting on the workplan.
- VII. Consider development of a prioritisation framework to agree on JSNA topics to be covered in the workplan

3.8 Potential topics

New One Halton: Health & Wellbeing Strategy priorities: The Public Health team have already provided 3 data reports and the Marmot team at the Institute of Health Equity a further data report to support the One Halton Health & Wellbeing Strategy development workshops. As priorities are firmed up, further, more focussed work may be required. A performance framework will need to be established as well.

There were a number of reports, due to be examined in 2020 that were paused. We need to consider if these are still priorities for the 2022/23 JSNA

- CVD: This is the number one cause of death in Halton. However, a CIPHA CVD & Stroke dashboard is being developed so to undertake any analysis prior to this would lead to duplication. A Respiratory Health dashboard is also under discussion
- Older People's JSNA summary reports refresh: it has been over 5 years since Older People's JSNA. It had been proposed to refresh the infographic summary documents. An Ageing Well data report was produced for the One Halton Health & Wellbeing Strategy so a separate update may no longer be needed (excepting any additional analysis required for One Halton: Health & Wellbeing Strategy)
- Drugs JSNA refresh: additional funding for drug & alcohol services comes with it the requirement to produce regular Drugs JSNA (been suggested annually but this is yet to be confirmed). This is being explored through CIPHA. A separate Alcohol dashboard is already in development.
- The Public Health Team would typically produce ward health &

wellbeing profiles at least bi-annually and annual GP JSNA profiles. These have been paused during the Covid-19 pandemic and it would be beneficial to refresh these.

In addition to these, mental health is an area that has been highlighted throughout the Covid-19 pandemic, a wider impact of the pandemic measures. Timely data is an issue when considering outcomes but this is an area of concern. Close working with MerseyCare and through use of the CIPHA data may help to overcome timeliness of data and provide a level of analysis not been previously possible, for example, to consider inequalities in prevalence, access to/uptake of services and outcomes.

Work through the One Halton, place-based organisation to identify additional priorities

4.0 POLICY IMPLICATIONS

- 4.1 The health needs identified in the JSNA are used to develop the One Halton Health & Wellbeing Strategy.

The JSNA provides a robust and detailed assessment of need and priorities across Halton borough. As such it should continue to be used in the development of other policies, strategies and commissioning plans and reviews.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 The volume of work usually identified that the JSNA needs to cover in any given year often requires additional analytical and commissioning/policy staffing resource to complete. It is not something the Public Health team can or should deliver in isolation. Analytical and commissioner/policy officer input is typically agreed when scoping the particular issue under investigation. However, competing priorities can impact on this and need to be monitored.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Improving the Health of Children and Young People is a key priority in Halton and this is reflected in the JSNA, taking into account existing strategies and action plans so as to ensure a joined-up approach and avoid duplication.

6.2 Employment, Learning & Skills in Halton

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents and is reflected in the JSNA.

6.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

6.4 A Safer Halton

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime has an impact on health outcomes particularly on mental health. Community Safety issues are part of the JSNA.

6.5 Halton's Urban Renewal

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing and will therefore need to be addressed within the JSNA and Health and Wellbeing Strategy. The Public health team and Planning Development team have worked together in the past and continue to do so e.g. on Health Impact Assessment as part of the Local Development Plan and Delivery & Allocations Local Plan, Healthy New Town and others.

7.0 RISK ANALYSIS

- 7.1 A JSNA that is not robust in process and analysis will not provide a solid foundation upon which to make commissioning decisions.

Analyst and commissioner/policy officer input is required. Competing priorities, with the JSNA not being seen as core business of the system as a whole, may impact on the ability to deliver specific reports to agreed deadlines.

- 7.2 A sound process, with support from local expertise, should be established to ensure this risk does not materialise.

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 Within the JSNA topic reports, the needs of and outcomes for different groups is assessed. The Halton Public Health Team has led on a number of Cheshire & Merseyside 'Protected Characteristics' profiles. Collaboration at this level has resulted on Halton being able to benefit from the same type of reports being done by other JSNA leads across the region.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None within the meaning of the Act.