APPENDIX A

Local Government Improvement and Development

Joint Strategic Needs Assessment Peer Challenge

Shropshire Council

April 2011

Contents

1. Background

This report summarises the key findings of the joint strategic needs assessment (JSNA) peer challenge undertaken on behalf of Shropshire Council by Local Government Improvement and Development and its team of trained peers.

With the coalition government's health reforms set to give an enhanced role to joint strategic needs assessment at the heart of proposed new statutory health and wellbeing boards and informing new joint health and wellbeing strategies, the peer challenge was intended to enable Shropshire Council and its health partners to review the JSNA as it was written and produced in the previous context.

The JSNA peer challenge has been developed by LGID's Healthy Communities Programme, with the core objective of enabling local councils and their health partners to:

- identify 'what's working well' with their JSNA that should be taken forward;
- determine what changes, developments or improvements need to be made to the JSNA to ensure it meet the new demands arising from the health reforms and wider policy and financial context, such as Big Society, localism, etc;
- put in place a clear plan of action for delivering an enhanced JSNA, that takes account of the best available practice and reflects local expectations.

It involves an assessment against the JSNA benchmark which draws on statutory guidance produced by the Department of Health and explores:

- **The process of undertaking the JSNA**: examining governance and leadership; partnership arrangements; community and wider stakeholder engagement, and alignment with key strategies and plans;
- **The format and content of the JSNA**: assessing the data covered in the JSNA, its format and accessibility;
- **Using the JSNA**: recognising that a powerful JSNA is one that influences commissioning decisions, priorities and supports the achievement of positive outcomes for local communities.

The peer challenge is not an inspection, nor does it award any form of rating category; rather, it is a constructive and supportive process undertaken by a team including LGID member and officer peers holding a mirror up to the council and health partners.

The challenge team were:

Margaret Asquith, Director of Children's Services, Bolton Metropolitan Borough Council
Graeme Betts, Executive Director, Adult and Community Services, London Borough of Newham
Julia Carrette, Chief Officer, Worthing CVS
Christina Gray, Associate Director of Public Health, NHS Bristol
Bernadette Hurst , Assistant Chief Executive, North West Improvement and Efficiency Partnership
Cllr Marco Longhi, Walsall Metropolitan Borough Council
Greg Gould, Review Manager, LGID

Lorna Shaw, Principal Consultant, Healthy Communities Programme, LGID

The team appreciates the welcome and hospitality provided by Shropshire Council and would like to thank everybody that they met during the process for their time and contributions.

2. Executive summary and recommendations

This peer challenge of Shropshire's joint strategic needs assessment is being conducted at a time of significant change, not only in the 'home' and audience of the JSNA but also the accountability for it. The NHS[1] and public health[2] white papers set out an ambitious and central role for joint strategic needs assessments, which have been a statutory duty on upper-tier local authorities and local NHS since 2007. The proposals place a shared statutory obligation on GP-led consortia and the local authority to produce JSNA and joint health and wellbeing strategies (through the health and wellbeing board) and to commission with regard to them.

To be fit for purpose, the JSNA is expected to provide a comprehensive analysis of local current and future needs to inform commissioning. This should include a wide range of quantitative and qualitative data, including user and community views, and is intended to lead to better health and wellbeing outcomes and help address persistent health inequalities.

This peer challenge involved a review of Shropshire's JSNA as it was written and produced in the previous context and reflects the council's interest in taking the JSNA beyond a simple health and wellbeing assessment to include wider determinants of health such as employment and transport. Accordingly, the peer challenge invited views from partner agencies such as the police, community and voluntary groups; considered the council's corporate readiness in taking forward the health reforms, and explored the extent to which there is clear alignment between the JSNA and key strategies such as housing and development plans.

The peer challenge process recognised that Shropshire Council underwent a major process of reorganisation, replacing the former two-tier structure in April 2009. At the same time, the previous Director of Public Health retired through ill health. These changes meant that there was both an absence of a natural JSNA champion and also that the JSNA received less prioritisation.

The detailed findings of the peer challenge are set out in the next section. This section summarises the headline messages and key recommendations.

Headline messages

Shropshire's first JSNA was published in 2008, bringing together a collection of data about the health and wellbeing of people in Shropshire. It was refreshed in 2009 to give better

[1] Liberating the NHS: Equity and Excellence, July 2010
[2] Healthy Lives, Healthy People: Our strategy for public health in England, November 2010

recognition to community views and demonstrates good knowledge of the different forums, partnerships and levels of engagement which are already established and are active.

The JSNA is a comprehensive technical document, well indexed and easy to understand for an informed audience. There is evidence that the JSNA has been used to inform, among other things:

- **Service planning** - for example, the Supporting People Programme has brought providers, users and recipients together to talk about intentions using JSNA data as part of the rationale for focussing on local and areas for change; the JSNA has also been used to develop services for people at risk of diabetes

- **Priority setting** – Health Overview and Scrutiny have used the JSNA to identify topics for their work programme, drawing on reports presented by the Director of Public Health;
- **Health inequalities approach** – the JSNA has informed specific activities and placed-based interventions, for example in Oswestry, Ludlow, north east Shrewsbury and Market Drayton.

The JSNA was described as "not broken"; nevertheless there was widespread consensus that it requires "fixing and improving" if it is to meet the new demands arising from the health reforms. The areas for improvement centred on 6 themes and form the focus of our recommendations as follows:

Recommendations

Leadership and Vision

R1: Ensure the JSNA articulates a clear vision and compelling story about health and wellbeing in Shropshire that different audiences can relate to. Linked to this is the need to revisit the purpose, scope and audience of the JSNA, particularly in view of current policy and organisational changes.

Views on the scope and purpose of the JSNA varied; from the JSNA being a central information resource providing critical information around people and places, to the JSNA being a core tool for any and all commissioning/decommissioning activity undertaken in Shropshire; while others see it as setting out a prevention agenda.

The health and wellbeing shadow board should facilitate discussions with key partners and stakeholders to explore the different perspectives and agree the mandate and influence of the JSNA. Specific attention should be paid to engaging GP Commissioning Consortia in consideration of 'what the JSNA is for', 'what is in it for me?' and the type and depth of information that GPs will require in the future to assist in commissioning decisions.

R2: In light of GP commissioning consortia and local councils having responsibility for JSNA (via health and wellbeing boards) in the future, ensure early discussions take place about how the board will lead the JSNA, and how the board will satisfy itself that the JSNA is delivering to expectations.

R3: Provide opportunities and support for elected members to raise their awareness about the JSNA, engage them more actively in the JSNA process, build on their keenness to be more involved and capitalise on their capacity to get things done.

R4: Strong leadership and champions at senior levels of both the NHS and the Local Authority will be needed if the JSNA is to have a real impact.

Governance and accountability

R5: Ensure open and transparent governance and accountability arrangements are in place for the JSNA, with roles and responsibilities clearly set out, including who is responsible for maintaining and updating the JSNA, how it will be updated; where it will sit. This is important in maintaining ownership across a range of stakeholders.

R6: Ensure that the JSNA process is sufficiently resourced and that the right skills, knowledge and capacity are available.
R7: Ensure that commissioners and providers are held accountable for demonstrating both contribution to and use of the JSNA in the design, planning and delivery of public services.

Strategy and plan alignment

R8: Strengthen the relationship between JSNA and other key strategies and plans, including QIPP, Urgent Care Strategy, Community Strategy, housing and development plans. As well as making sure that the strategies that shape health and wellbeing are more closely aligned, this will also mean that the contribution of wider services to health improvement is better recognised and resources are effectively and efficiently used.

Partnership working

R9: A health and wellbeing board development programme should be put in place to build the relationships, skills and behaviours necessary for effective partnership working.

R10: Be clear about the principles for how partners will work together to own and agree a shared process of strategic priority setting.

R11: Make more effort to obtain and sustain the involvement of external partners, for example housing providers, voluntary and community organisations and GPs.

Community engagement

R12: Draw up a robust communications and engagement plan for the JSNA. Ensure that engagement is inclusive and includes groups whose voices are seldom heard. Ideally, the communications and engagement plan should be owned by key partner organisations, to avoid duplication and consultation fatigue.

Enhancing the JSNA

R13: Consider a range of short to medium and longer term changes to the JSNA including:

- Establishing a JSNA steering group/editorial board
- Rebranding, with a more engaging name
- Putting in place regular review and updating process
- Making the JSNA simple and accessible to more than one audience and in more than one format, for example, 'Wikipedia-style' resource into which many informants can contribute; report of headline issues; executive summary; portfolio approach and comprehensive full JSNA.

3. Detailed Findings

3.1 Undertaking the JSNA – leadership, governance, partnership working and strategic fit

Strengths:

- There is clear recognition of the unique opportunity for local government to play a more significant role in health. Many people recognise this opportunity and are keen to contribute to development of JSNA in new arrangements, to ensure that the JSNA addresses core services and not just the margins and play a key role in identifying areas for dis-investment and re-investment . New relationships are coming into place, for example, between GPs and the Council.

- Shropshire's JSNA has delivered what was asked of it, namely to provide a collection of data about the health and wellbeing of people in Shropshire, set in the wider context of social, economic and environmental, and demographic factors. It has provided data and intelligence to inform a range of key strategies, for example, the Sustainable Community Strategy, local area agreement, Supporting People Programme, and Learning Disability Strategy and has been well used by some commissioners, for example, in children's services.

- The 2009 refresh was carried out by a broad partnership group, via the former health and wellbeing board which linked into the Local Strategic Partnership; this has helped to extend ownership and encourage a stronger focus around the wider determinants.

- Where awareness of the JSNA does exist, leaders and decision makers do recognise its importance. There is acknowledgement that because public sector leadership is changing more needs to be done to raise awareness among decision makers about what the JSNA can do for them. There is a good level of confidence that restructuring and new people taking up different roles will make a major difference in raising the profile of the JSNA and being clearer about how it can be used more effectively.

- There is a keenness among elected members to have a better understanding of the JSNA and how it can be used to strengthen partnership working, particularly with GPs; influence the development of a "prevention" agenda; address health inequalities, and support a place-based approach that recognises the diversity across Shropshire.

- There is good ownership of the JSNA by both health and social care; it provides a common foundation to work from. Some of the joint work involved in developing the JSNA has helped with improving working relationships between the primary care trust and council.

Areas for consideration:

- In view of the policy changes in health, the JSNA needs to be repositioned as a resource with a place on the council's strategic planning map. While strategic leaders are aware of the JSNA, it is not yet visibly at the heart of the council's commissioning and decommissioning decisions. Clear, visible and consistent references to the JSNA as the key business planning process are required alongside the behavioural changes needed in the way people use service planning to inform commissioning decisions.

- Change across the council, primary care trust and GP consortia is adding to uncertainty and holding back the development of a vision for better health and wellbeing outcomes and the role of JSNA. There is a need for clearer, stronger leadership from elected members and GP consortia which will require more/better information and understanding of the JSNA and the new arrangements and responsibilities.

- There is a lack of clarity and agreement about the purpose and key audiences of the JSNA. This has led to lack of clarity about the breadth and depth of information the JSNA should include and whether it ought to guide strategic business decisions or provide in-depth evidence for commissioning processes. At present, the JSNA is seen as a largely health-driven technical reference document that the local authority uses to put information into. There were consistent calls by the majority of participants for the JSNA to be more effectively promoted as the critical resource for decision-making. Examples cited included:

    - The JSNA should be used to help with the explanation for the decision taken around using the government investment in social care;
    - Council reports should be expected to make reference to JSNA as part of justification for expenditure and finance decisions i.e. that the JSNA should help decisions around cuts and efficiency savings.

- Many partners and stakeholders talked about needing clarity about the future vision and purpose of the JSNA, with a fairly common theme emerging of how this could look. Without a shared understanding about the purpose of the JSNA, uncertainty will continue to exist about the scope and mandate of the JSNA, how wide its influence should go and how it can best add value.

- Views on the effectiveness of integrated working were mixed; on the one hand, relationship between the directors of public health, children's services and adult social services were described as 'strong'; on the other hand, some participants see the JSNA process as failing to promote integrated working. The lack of link between the JSNA and QIPP was cited as an example of this failure.

- Knowledge and awareness among non-portfolio elected members (including health overview and scrutiny) of the JSNA process and the wider health reforms is limited but there is a noted keenness to be involved and senior elected members want to take every opportunity to bring their colleagues to the table. This area is ripe for development support.

- There is as yet no clear positioning of the JSNA within the wider partnership landscape in Shropshire. There is considerable scope for the JSNA to support the new model of joint working but this will need to be articulated more clearly as part of the purpose of the JSNA.

- Major expectations are starting to emerge in relation to the health and wellbeing board; many see it as the key to getting JSNA right; achieving a clear sense of direction and ensuring greater integration and pooled budgets. Joining up the relationship between the QIPP and JSNA was regularly cited as an example of the difference that the health and wellbeing board can make to achieving better alignment.

3.2 Undertaking the JSNA – engagement and resourcing

Strengths:

- The refresh document describes a range of public, patient and community involvement, which demonstrates good knowledge of the different forums, partnerships and levels of engagement which are already established and are active. However, this is the area which needs further development, with evidence, reflected in both the JSNA product and reported experience, that different sectors and groups have had different opportunities to contribute. The lack of input into the process from the voluntary and community sectors (VCS) was mentioned by officers, elected members and the VCS themselves and came through in the self assessment workshop and subsequent interviews.

- However, it was also positively noted by the VCS that the local authority wants to invest in the VCS Assembly which is a key conduit for voluntary and community sector involvement. Options for investing in building the capacity of the VCS were suggested, particularly in terms of supporting the participation of small and medium sized groups and those working with hardest to reach/seldom heard groups. The opportunity to create links between VCS Assembly and health and wellbeing board was also raised, perhaps in the form of an elected representative from the VCS Assembly so that the sector is involved in agenda-setting and not just in delivery.

- The arrival of the Director of public health is generally acknowledged as bringing some much needed capacity to the JSNA. Partner organisations recognise and appreciate the effort of the DPH to build links. This offers a good foundation for further involvement.

- There is a high level of commitment and enthusiasm among the team of people who are involved in putting the JSNA together. However, there was general concern at the lack of dedicated resources for the JSNA which many feel had hampered the chance to effectively promote the JSNA and demonstrate its value.

Areas for consideration:

- A key message from both the self assessment workshop and interviews is that the JSNA is currently inadequately resourced; by repositioning the JSNA as the key underpinning strategy for all partners this should direct the commitment of resources to

maintain its development and updating. However, resourcing should not be just about finance/money; for example:

  - More integrated and transparent data collection and sharing processes should be put in place;
  - All partners should have greater clarity about what they need to do to input into the JSNA. For example, voluntary and community sector groups could contribute through the provision of community intelligence;

- Engagement internally and externally appears patchy and ad hoc. This has meant that key issues have not always been adequately captured or reflected. We heard, for example, that children and safeguarding issues had to be "shoe horned" into the JSNA. Similarly engagement with GPs has not always been seen as effective.

- Voluntary and community organisations have felt disengaged from the JSNA process and perceive the local authority as "shying away from" broader engagement with the sector on strategic issues, particularly with smaller and medium sized organisations. This limits the opportunity for the JSNA to hear from the VCS about emerging trends and unmet needs which are seen as the focus of the voluntary and community sector. There is a perception, however, that things are changing; the voluntary sector assembly has brought an opportunity to achieve a wider representation.

- Overview and scrutiny could provide an opportunity for better engagement with elected members as well as performance management. In view of the localism agenda and the transfer of public health to Shropshire Council there will be a greater degree of political accountability for health. The effective use of overview and scrutiny for up-front engagement of members in the planning process of the JSNA as well as the 'sign off' of period review of the JSNA and its impact will help to ensure that the document has broader ownership.

3.3 Format and content of the JSNA

Strengths:

- The JSNA is an excellent and extremely comprehensive technical document that provides a reliable source of information for service planning (although there were some questions about the reliability and quality of the data). It is well indexed and easy to understand for an informed audience. It makes good use of national and local data and is seen as a useful document in the eyes of partners and stakeholders. Positive comments were made about the availability of data in relation to looked after children, young offenders and travelling communities. Although it was regarded as being well written, there were concerns that it was too long at 400 pages.

- There is general acknowledgement that the JSNA needs to change and evolve to meet the new demands arising from the health reforms and to achieve a better balance between quantitative and qualitative data. Participants have very clear views and suggestions for improving the JSNA, including:

  - Web-based format

    - Different versions in different formats e.g. summary, technical version
    - Clear vision/purpose for the JSNA from which should flow the format and content
    - A practical tool that can be 'cut' at a Shropshire, locality and parish level data from which could then be used to support efforts to lever in new resources
- There is widespread aspiration for the JSNA to incorporate a broader range of data, for example, in relation to wider determinants of health and link to Marmot agenda; access to services and not just demand for services; customer intelligence and health and wellbeing for children and young people.

Areas for consideration:

- JSNA does not currently present a compelling story of what is happening in the lives of people in Shropshire. In part, this is because the JSNA is seen to be overly focussed on the presentation of data and a corresponding lack of analysis and intelligence. As a number of participants commented "*data is not the same as intelligence*." Others also commented on the different cultures within the NHS and council in relation to data; public health data was seen as presented in a structured but not accessible way, while the council's data could benefit from being more systematic and rigorous.

- Accessibility of the JSNA was highlighted as major concern – both in relation to knowing where to find it and get hold of it and also in terms of its user friendliness and being easy to read and digest due to its length. As one participant commented the JSNA was a "*repository for dumping information*". The review team heard that the voluntary and community sectors would have found the JSNA "impenetrable" while service departments would not have found it easy to make links between the JSNA and their activities.

- Despite comments about its length, many participants felt the JSNA did not present a complete picture of needs and called for the inclusion of a raft of other information, including:

    - Community intelligence / community assets
    - Locality data to reflect the different areas / differentiate between rural and not-so-rural areas and based around three distinct communities, North, Shrewsbury and South
    - Health inequalities / issues for the 20% with the greatest needs
    - Access to services / what action will be taken to improve services
    - Cross-border issues

- We also heard clear views from participants that the content of the JSNA should focus on prevention/early intervention and that communities, staff, partners and providers should all understand the social/behavioural determinants of ill health/reduced life chances.

- The content of the document is bound up with the broader questions of the purpose of the JSNA and the resources available to support it. So while the request for the inclusion of more information and in depth analysis may seem timely and appropriate,

the need for Shropshire to arrive at clear decision about the purpose, audience, content and resourcing of the JSNA is perhaps more urgent than ever.

3.4 Using the JSNA

Strengths:

- There is evidence that the JSNA has been used for a variety of purposes; for example, the review team heard that the JSNA has been presented to Scrutiny Committee to identify topics for their work programme. We also heard examples of the JSNA being used to inform priorities and service plans, such as the Supporting People Programme, where JSNA has been used "*as an aid to decision making*."

- There is acknowledged view at senior executive levels that the JSNA is to be a pivotal document that will inform decisions and commissioning. The intention is for directors to use the JSNA and reference back progress against it; with individual officers held accountable for updating themes within the JSNA on an on-going basis. Several participants also called for council reports to have a section on 'impact of JSNA', together with an option to include the JSNA into organisational development procedures around governance and induction.

- A number of elected members already engaged with the voluntary sector see the JSNA as a means for greater cooperation. Some voluntary sector organisations are using the information to feed into their business cases.

- There is recognition of the JSNA as a potential tool for prioritisation, commissioning and decommissioning decisions; strengthening relationships and overcoming perceived barriers/mistrust and bringing credibility to business planning and used against benefit realisation.

Areas for consideration:

- There is a lack of robust and consistent evidence of the JSNA being used by commissioners and/or to inform commissioning/decommissioning decisions. In part, this reflects a concern with the lack of proper and effective analysis and intelligence. It also reflects a lack of effective engagement with commissioners in order to ensure that the JSNA speaks to the issues that are important to them.

- The move to more local commissioning through GP is likely to place significant new challenges on the JSNA, both as a process and product. The JSNA will need to become sensitive to the GP consortia and sub-structures of the consortia in terms of the geographical and organisational footprints which are likely to be very fluid. The JSNA was largely seen as being PCT/council footprint based. The review team heard that there had been limited consideration given to properly engaging GP consortia in understanding their data requirements; and limited thought to promoting, disseminating and communicating the JSNA and raising awareness about how it is relevant to commissioners generally and GP consortia in particular. There was an assumption that "*people would take the JSNA forward and make it what you want*".

- In order for the JSNA to play an effective role in guiding commissioning intentions and contributing to investment/disinvestment decisions, questions about how topics for JSNA focus are chosen, who chooses them and what the process should be require clear answers. A robust delivery mechanism will need to be put in place to disseminate the JSNA and "champions" identified to promote its relevance to key users and stakeholders. As both a process and a product, the JSNA needs to be firmly rooted in everybody's consciousness; should be capable of being 'cut' to meet the data needs of different audiences; underpinned by a sophisticated approach to getting messages out, and clearly recognised as a key part of the business case for commissioning.

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