

Health and Wellbeing Board

Meeting Date: 14th January 2021

Shropshire Joint Strategic Needs Assessment (JSNA)

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1. Summary

1.1 This paper presents to the Health and Wellbeing Board (HWBB), an update on Shropshire's JSNA; progress to date, future direction of the JSNA and revised timescales following a pause in progress due to COVID-19

2. Recommendations

2.1 The Health and Wellbeing Board:

- Endorse the current JSNA work programme, proposed JSNA refresh and move to a place based JSNA attached as **appendix 1**
- Note the current priorities attached as **appendix 2**
- Note the proposed work programme and resourcing

REPORT

3.0 Background

3.1 The Local Government and Public Involvement in Health Act (2007) placed a duty on local authorities and PCTs (now CCGs) to undertake a JSNA, in three-yearly cycles. Local authorities and CCGs have equal and joint duties to prepare JSNAs and Joint Health and Wellbeing Strategies, through the Health and Wellbeing Board. In practice, in Shropshire, these duties have been passed to Public Health to deliver on behalf of the Health and Wellbeing Board, leadership for the JSNA sits with the Director of Public Health. ¹

3.2 The JSNA seeks to identify current and future health and wellbeing needs in the local population and identify strategic priorities to inform commissioning of services based on those needs. These priorities in turn inform the Health and Wellbeing Strategy, a key document as a basis for commissioning health and social care services in the local area. The JSNA aims to:

- Define achievable improvements in health and wellbeing outcomes for the local community;
- Target services and resources where there is most need;
- Support health and local authority commissioners;

¹ **Further guidance:** [JSNA Toolkit: a springboard for action](#) and [Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#)

- Deliver better health and wellbeing outcomes for the local community;
 - Underpin the choice of local outcomes and targets.
 - Importantly, the JSNA is not an end in itself, rather a framework of tools that are produced to inform commissioning.
- 3.3 Shropshire's original JSNA was completed in 2008/09, a further review was published in 2009/10 and the most recent report was published in July 2012. These JSNA reports were structured in four key areas following a Marmot approach: Starting Well, Living Well, Aging Well and Vulnerable groups. Within those groups several priorities were identified and described following a review of local intelligence and stakeholder engagement. Subsequently, updates have been published on the Shropshire Together webpages, giving updated profiles and needs assessments for key themes <http://www.shropshiretogether.org.uk/jsna/>.
- 3.4 Changes to the health and social care landscape, the requirement to produce an updated Health and Wellbeing Strategy and emerging priorities meant in 2019 there was an urgent need to update the JSNA, deliver several theme-based needs assessments and consider a new approach to the JSNA moving forward.

4.0 Phases for refreshing the JSNA

- 4.1 Proposals for a refreshed JSNA were taken to Shropshire Council Directors and the Health and Wellbeing Board during July and September 2019 to move the JSNA to a new approach which whilst meeting immediate needs to refresh the JSNA priorities and deliver on urgent and outstanding needs assessments. An underpinning principle of any new model upon which the emerging Sustainability and Transformation Partnership (STP), Councils approach to place-based working, social care, children's, public health and community services transformational models within Shropshire is based is the differentiation made between service delivery at four spatial levels, namely STP, Local Authority, Primary Care Network and Neighbourhood/Place Plans.
- Phase 1: Between July and December 2019, to complete three specific outstanding needs assessment to meet priorities identified by the Health and Social Care system and Shropshire Council; Ageing Well; Older Peoples Needs Assessment (Care Closer to Home), Musculoskeletal (MSK) and Special Educational Needs and Disability (SEND).
 - Phase 2: Running parallel to phase 1, through the Autumn, Public Health to lead a piece of work with the Health and Wellbeing Board to identify health and wellbeing priorities for Shropshire moving forward. This would have strong synergies with the priorities already identified within the Corporate Plan, the STP, CCG priorities and the Director of Public Health (DPH) annual reports, providing an interim position statement for the local system.
 - Phase 3: To move towards a JSNA place based JSNA approach. This would be a tiered approach, depending on resources. Step 1 would be to agree geographies. The proposal is that these would be aligned to the Place Plan Areas building on Shropshire Councils Place Plans and Community and Rural Strategy. Step 2 would be to pull together data sources into one place, using the work already existing through the IT transformation and the STP Population Health Management programme. This could include an online profiling tool. The tool would have a variety of features including the ability to view data in mapped form. The web-based tool should provide a useful addition to the evidence base for the commissioning of place-based services. The final step would be to produce detailed needs assessments for each locality, engaging

with stakeholders and communities in each area to understand local needs and develop recommendations to address those needs moving forward.

- 4.2 To support the delivery of the JSNA and ensure correct governance and oversight. The proposal is to develop a simple governance structure for the JSNA process, responsible for putting together proposals for the JSNA, delivery of the JSNA and reporting to the Health and Wellbeing Board. This would include a virtual strategic group to develop the direction of travel, agree priority areas and sign off the work programmes and a working group to practically support and write elements of the JSNA. This would require the pooling of analysts to create the geographies, profiles and needs assessments aligned to the population health agenda.
- 4.3 Information would be shared via the HWBB page on the Council website. Shropshire Council would maintain the site, but partners have a collective responsibility to input and keep the information up to date.
- 4.4 The benefits of a place-based approach to the JSNA moving forward were approved by the HWBB and directors.

5.0 Pre COVID-19 Timeline and Resources 2019/2020

- 5.1 This section describes the approach agreed and timescales prior to the COVID-19 pandemic.
- 5.2 Take a phased approach - Respond to the existing requests for themed needs assessment, a strategic overview and profiling data, but contextualise this as part of an evolving offer that will extend beyond basic health profiles and specific localities. Positioning this as the first of a number of iterations and phases which build over time is critical. Therefore, any material produced now needs to be able to contribute to future needs. By responding reactively, we risk having to work with what we have, which will perhaps tilt any outputs to be more health based and towards certain geographies, rather than truly joint.
 - 1. Initially the focus will be dealing with several urgent outstanding Health Needs Assessments. These will be a light touch, pragmatic approach within current limited resources. The aim was to complete these by December 2019.
 - 2. At the same time a piece of work will be considered with Health and Wellbeing Board partners to consider strategic priorities based on the information available from DPH annual reports, STP, Public Health Profiles (Fingertips) and profiling data through a local workshop. It was anticipated this would be undertaken and completed during Autumn 2019.
 - 3. March 2019 onward –The ambition initially, was in 2019 was to have in place the new place-based approach, ready to launch by March 2020 with full delivery within 18 months to two years depending on resource capacity.
- 5.2 Put the JSNA front and centre - Within Shropshire the JSNA should be established as the single and accountable reference point for this work, linking directly to the population health management work as the local source of evidence. This strengthens the role of the JSNA and HWB Strategy.
- 5.3 Agree a coherent set of geographies - These geographies would form the basis of the JSNA and STP evidence base to 2020/21. The proposal is that these are based on Council Place Plan Areas to align to other strategies and data collection. This will be agreed by partners.
- 5.4 Pool analytical resource - The most effective way to deliver intelligence which is useful for health, wellbeing and social care, indeed all stakeholders who would draw from a shared intelligence base, is to commit analytical resource from individual partners to a collaborative

exercise and create a truly joint approach to working towards joint outcomes. This will involve conversations with partners and internally.

1. Invest in Modelling expertise - To understand future needs, demands and potential savings areas through scenario modelling. This would include modelling for future demographic, planning and economic changes and their impact on workforce planning and service provision. The minimum could be a desktop exercise using readily available data, with limited engagement and basic interactive modelling tools. The more complex models could involve significant engagement and development of bespoke locally adaptive model tool for the stakeholders. This might be an area of work that would require additional support externally and links to conversations already taking place in Shropshire, utilising external expertise and methodologies.
2. JSNA work programme - Develop an annual work programme driven by place-based need, which has the ability to scale up and show community, PCN, locality county wide need. Profiles are then developed over the next 1-2 years, building up detail and content over time.

6.0 Progress Update and Revised Timescale 2021/22

- 6.1 Due to the COVID-19 pandemic, resources were diverted to deal with the emerging issues and capacity pressures from February 2020. By March 2020 Public Health was operating in full business continuity mode with other service areas following in April 2020 resulting in the pausing of the JSNA place based work programme, however, mapping and monitoring of vulnerable communities and services has taken place to support the COVID-19 response.
- 6.2 An update on progress prior to COVID and the next steps is described below:
 - The Initial focus of addressing the resetting strategic priorities was complete in November 2019 to January 2020 and presented back to the HWBB.
 - The urgent MSK, Older People and SEND Health Needs Assessments were partially complete. The first two reports were finalised, and a structure agreed for the SEND report, however due to the pandemic further work was paused. As at December 2020, it has been agreed to restart the SEND JSNA bringing in resources from business intelligence and commissioning an external provider to complete the needs assessment report and engagement. The aim is to complete this now in the Spring 2020.
 - April 2021 onward – The ambition is to restart the JSNA place based programme to have in place the new place-based approach, ready to launch by September 2021 with full delivery within 18 months to two years. The pace of the place JSNAs will depend on resource capacity; delivery of each need's assessment requires a small team. The ambition will be to prioritise the County's 18 Place Plan areas and divide the County into 3 waves of JSNAs. In parallel developing a new online profiling tool led by the Business Intelligence team to enables users to profile a variety of different geographical areas but was developed particularly with the JSNA in mind.
 - Leadership will remain with the Director of Public Health while working closely with system partners in the CCG to align the Population Health Management Needs and the Associate Directors for Business Intelligence, Communities and Head of Partnerships to align to the data infrastructure and community engagement elements. Engagement and leadership from local members, the community and voluntary sector and key stakeholders are critical to the process and will be a key element of Governance Structures.

- This is a shared responsibility and joint programme of work and as such resources and support from across the system will be required to deliver the programme.
- Additional resources to support the role out of the programme will be brought in, this includes through the new Head of Information and Insight and his Team within Shropshire Council and a new Joint Population Health Post sitting within Public Health and the CCG.
- The Covid-19 pandemic and response to prevent and mitigate the harm that it can cause radically changed how society functions. Whilst much harm from Covid-19 has been prevented, it is important to develop a shared understanding of the impact of the events associated with the pandemic on inequalities, to support and sustain a recovery. Therefore, as part of the JSNA moving we will seek to incorporate the health and wellbeing impacts of COVID-19 adding to the work already undertaken to consider those vulnerable and the social and economic impacts of COVID-19.

6.3 Key timescales*

- January 2021 - Restart the SEND JSNA
- January 2021 - March 2021 – Planning and detailed resource mapping. Update of Prioritisation matrix (appendix 2). Development of profiling tool.
- March 2021 - Update and prioritisation matrix to the HWB Board
- April 2021 - Formal restart of the JSNA Place Based Programme

*subject to change in agreement with HWB

7.0 Interlinkages to other programmes of work

1. Population Health Management
2. Transforming Insight Function
3. Health and Wellbeing Board
4. Business Intelligence Function Shropshire Council
5. Community and Rural Strategy

8.0 Risk Assessment and Opportunities Appraisal

8.1 It is proposed that a single, coordinated approach is taken to the development of place-based profiles and needs assessments which in turn support place-based working. This will take time to develop and is intrinsically linked to the refresh of the HWB Strategy.

8.2 Therefore, this paper seeks agreement to the approach and the sets out the anticipated direction of travel for the development of a coordinated evidence base for the whole system, delivered under the JSNA umbrella.

9.0 Financial Implications

To deliver needs assessments at scale across the place plan areas, additional project support would be required, upskilling of analysts across the system (currently being rolled out through the CSU academy and analyst network) and the support of colleagues in planning and partners in local communities. The support of these will impact the scale and pace of delivery.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Appendix 1: HWB Workshop report January 2020

Appendix 2: JSNA Draft prioritisation framework March 2020

Cabinet Member (Portfolio Holder)

Cllr. Dean Carroll

Portfolio Holder for Adult Services, Climate Change, Health and Housing

Cllr. Ed Potter, Portfolio Holder for Children's Services