

Title of report: JSNA Review

Meeting: Health and Wellbeing Board

Meeting date: Monday 4 December 2023

Report by: Robert Davies, Consultant in Public Health

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To approve and endorse the recommendation in the report.

Recommendation(s)

- a. Establish a JSNA steering group to respond to the findings of this review;
- b. Maintain a JSNA steering group to make on-going partnership decisions on the form, function, administration and governance of the JSNA;
- c. Incorporate the function of a JSNA steering group into One Herefordshire Partnership, with the ability to involve additional partners as needed.

Alternative options

1. Do nothing (Not recommended)
 - a. Weaknesses highlighted in the JSNA review would remain
2. Decide on form, function and administration unilaterally (Not recommended)
 - a. Single stakeholder group e.g. NHS, local authority intelligence unit or public health, could take a view on what's needed and implement change.
 - b. A single stakeholder view is not representative of diverse primary user needs.
 - c. This option runs counter to the "Joint" nature of the JSNA process and perpetuates an existing limitation identified in the review.

- d. A fundamental partnership governance gap would remain.

Key considerations

What is a JSNA?

3. The Joint Strategic Needs Assessment (JSNA) is a process by which local authorities and NHS integrated care boards (ICBs) assess the current and future health, care and wellbeing needs of the local community to inform local decision making¹.
4. This includes, but is not limited to:
 - Providing a shared view of current and future health and care needs for the local community.
 - Looking at the health of the population, with a focus on behaviours that affect health such as smoking, diet and exercise.
 - Being concerned with wider social factors that have an impact on people's health and wellbeing, such as housing, poverty and employment.
 - Identifying specific health inequalities affecting our residents
 - Identifying gaps in health and care services and documenting unmet needs
5. The JSNA process is made up of two elements. The data and information collected, sometimes called the "evidence base", and the process of making sense of that information in terms of joint strategic planning and decision making.

Rationale and purpose of the JSNA rapid review

6. Our current JSNA form and function reflects the preferences of the Health and Wellbeing Board around 2018. Since then, there have been significant organisational changes in the local authority and NHS; for example, in the formation of primary care networks in 2019, integrated care systems in 2022, and a resource shift to respond to the COVID-19 pandemic from 2020 to 2022. No stable group has been in place to guide the JSNA process through these changes.
7. As a result, it is not clear how well the current JSNA is meeting its goal of informing local decision making, from the perspective of those decision makers.
8. The purpose of the JSNA review is to uncover the strengths and weaknesses of our current JSNA in meeting its goal. The review outputs aim to provide a clear critique of the strengths and weaknesses of our current JSNA approach, and outline options for improvement, to be agreed by the Health and Wellbeing Board.

Method

9. We drew on four sources to understand our current JSNA strengths and weaknesses:
 - a. The number of Understanding Herefordshire newsfeed subscribers (n=478)

¹ [Statutory Guidance](#) on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, 2022

- b. Usage patterns of those navigating the Understanding Herefordshire website (2,000 views per month)
 - c. Subjective feedback submitted via an online feedback form embedded on the Understanding Herefordshire website (n=59 over 5-years)
 - d. Direct engagement with JSNA user groups via individual or group meetings, using feedback prompts (n=60 from Aug to October 2023)
10. Group feedback provided the richest data. Around 60 people generated over 300 unique lines of feedback that were reviewed and summarised.
 11. With a better understanding of what's working well and less well with our current approach, we moved to assess options to improve. This included:
 - a. A search of best practice examples and frameworks from national sources
 - b. A review of JSNAs from other areas (n=7)

Results

12. The full report detailing our JSNA strengths weaknesses opportunities and threats can be found in the Appendix 1. The report is 34 pages long with 7-page Executive Summary.
13. It found there are many opportunities to improve our JSNA, much appetite across our user groups to do so, and clear options on how to do it.
14. A fundamental rejuvenation of our JSNA processes would require:
 - a. Adopting the 10 top tips and recommendations for JSNAs published in, "Best practice and opportunities for innovation in Joint Strategic Needs Assessments (2020)".
 - b. Applying first principles thinking guided by the 7-step process from Joint Strategic Needs Assessment: a springboard for action, Local Government Association (2011)
 - c. Reviewing options documented in the "local authorities similar to our own" section and deciding which, if any, to adopt.
15. The sources above provide a clear path to address our weaknesses, and a clear path to better shape our JSNA to the needs of our users, so it has more impact.
16. But this leaves the question of who decides which of the top 10 tips to adopt, how much first principles thinking is needed, or what options from other local authorities we wish to emulate and which we do not, or cannot?
17. In this report we have resisted the temptation to make recommendations unilaterally, as we think this perpetuates one of the main weaknesses of the JSNA process as is. Instead the main opportunity is to define a partnership group that can work through the best practice options above, and make those decisions on behalf of the JSNA primary users.
18. These judgements have not been made explicitly for years, so may take time and challenging conversations to work through fully, document and implement. But in our

favour; the options are already well-framed, distilled and decision frameworks ready to use.

Community impact

19. An improved JSNA process could have a positive community impact by improving our understanding of reality, leading to higher-quality health and social care commissioning decisions, leading to improved health and wellbeing outcomes for residents.

Environmental Impact

20. This is a decision on back office functions and will have minimal environmental impacts. Consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy.

Equality duty

21. One of the goals of a JSNA is to highlight and minimise health inequalities, which includes groups with protected characteristics listed in the equality duty (specific duty). As this is a decision on back office functions, the impact will be indirect.

Resource implications

22. The recommendation to form a Steering Group to decide on next steps is cost neutral. However the Steering Group in its attempts to decide on the best ways of improve the JSNA may wish to discuss whether the JSNA process is adequately resourced and make recommendations as a result. These recommendations, if they have resource implications, will need to be considered and agreed by the relevant organisations on a case by case basis.

Legal implications

23. JSNAs were introduced by the Department of Health in April 2008 to strengthen joint working between the NHS (National Health Service) and local authorities.
24. The Health and Social Care Act 2012 awarded the responsibility for the JSNA and developing a Joint Health and Wellbeing Strategy to Health and Wellbeing Boards, with the purpose of reducing inequalities and improving the health and wellbeing of the whole community.
25. The constitution at paragraph 3.5.24(e) provides that one function of the Health and Wellbeing Board is to prepare a Joint Strategic Needs Assessment for the county
26. Recommendations in the report ensure that the board complies with its legal duties and acts in accordance with the constitution and Terms of Reference for the Board.

Risk management

27. No financial, legal, or reputation risks identified.

28. In reinvigorating our JSNA process we see the project risks. Their opposites are the mitigation or counterbalance. These risks will be managed at partnership steering group level with delegation to relevant partner officers.
- a. An overemphasis on JSNA form (the most visible part of the JSNA, like the website) without collaboratively defining JSNA functions (the invisible missing part). Form should follow function.
 - b. Taking unilateral decisions on JSNA processes and outputs for speed, rather partnership decisions for long-term value.
 - c. A focus on data and information generation or pooling, rather than insights generation from that information, which will require analyst and commissioner collaboration. For example, to interpret and provide a narrative around what we know now, irrespective of any new or different data sources in future.
 - d. A focus on analytical capacity and outputs that underplays the vital role that commissioners and other decision makers play in generating shared insights. This includes the capacity and capability of decision makers to provide professional input and insights in a timely way.
 - e. Over-emphasis on putting information on a website vs providing personalised analytical capability to probe question-driven insights and decision making
 - f. Sunk-cost bias: a reluctance to strip back what is low value but familiar, in favour of the higher value, but less familiar.
 - g. Expecting data to point to a decision, rather than providing the best available information to inform a partnership judgement. The threat is not having a decision making process or prioritisation process that uses information routinely and well.
 - h. Focus on demand not need. So unmet needs remain hidden or not clear enough to act on.
 - i. Capacity and capability of local Intelligence system to collaborate and deliver JSNA in partnership
 - j. Capacity to define a JSNA programme lead with time and skills to drive change.

Consultees

29. The rapid review sought feedback from 10 primary stakeholder groups and obtained feedback from 8. This accounted for around 60 people, generating around 300 unique lines of feedback that were reviewed and summarised below.
30. Stakeholder groups included:
- a. Health and Wellbeing Board
 - b. Health Watch
 - c. Ward Councillors
 - d. Communities directorate leadership team (includes adult social care)
 - e. Children and Young People's directorate leadership team

- f. Clinical practitioners forum
 - g. All age commissioning team
 - h. Public Health Team
31. Stakeholders we hoped to include but could not within the time available included:
- a. Integrated Care Board Executive Leadership Team
 - b. Intelligence Cell (analysts from different health partner organisations)

Appendices

32. Appendix 1: JSNA Review_Main Report_08Nov23

Background papers

33. 'None identified'

Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published		
Governance	Matt Evans	Date 20/11/2023
Finance	Wendy Pickering	Date 20/11/2023
Legal	Sam Evans	Date 16/11/2023
Communications	Luenne featherstone	Date 14/11/2023
Equality Duty	Harriet Yellin	Date 20/11/2023
Procurement	Lee Robertson	Date 14/11/2023
Risk	Jo Needs	Date 14/11/2023
Approved by	Hillary Hal	Date 22/11/2023