

Health and Wellbeing Board

**1. Reference Information**

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Paper tracking information	
<b>Title:</b>	Refreshing the Joint Strategic Needs Assessment: Proposals
<b>Related Health and Wellbeing Priority:</b>	System capability: intelligence
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<b>Paper date:</b>	5 March 2020
<b>Version:</b>	V1.0
<b>Related papers</b>	N/A

**2. Executive summary**

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We need to refresh the Joint Strategic Needs Assessment (JSNA) following publication of the new Joint Health and Wellbeing Strategy (JHWS) in 2019. The JSNA is a core part of the intelligence system capability.

In the short to medium-term, a refresh ensures the JSNA supports JHWS implementation by identifying the right priorities for action plans. In the longer-term, the refreshed approach will help the JHWS evolve to meet emerging needs of the population while still addressing the overarching priorities.

Refreshing the JSNA also provides the opportunity to do things we have not done before – incorporating resident voice and trialling a strengths-based approach – as well as aligning governance with JHWS implementation.

**3. Recommendations**

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- (1) To agree 5 core principles to underpin the JSNA, namely that the JSNA is:
  - a. Current – a rolling programme of review will ensure the JSNA remains up to date through an iterative process of maintenance and development
  - b. Embedded – linked into Council and NHS organisational processes to spend money, shape services and respond to need
  - c. Relevant – to our professional audience, supporting the JHWS, working through partnerships to fill knowledge gaps or undertake calls for evidence
  - d. Partner-driven – working together, informed by residents, to develop the evidence base required to drive improvements in outcomes
  - e. Transparent – both in how we develop chapters, by involving residents, patients and partners, and in publications, which will be available online

- (2) For the relevant teams to develop:
  - a. New chapters underpinning each of the 12 focus areas of the JHWS
  - b. Target population group summaries identifying key health inequalities
- (3) To renew governance for the JSNA with:
  - a. An operational oversight group with representatives from Surrey County Council public health, adult and children’s services, the Insight & Analytics team, the CCGs, HealthWatch and Districts & Boroughs. Others may be co-opted as appropriate.
  - b. Ownership of specific chapters by the relevant governance group within the JHWS governance structure, reporting to priority area boards as appropriate, or task and finish groups where these are required
- (4) In 2020, for the new operational oversight group to oversee delivery of:
  - a. An action plan for refreshing the entire JSNA
  - b. Target population group summaries for 4 groups
  - c. New chapters for up to 3 topics requiring in-depth analysis
  - d. Refreshed chapters for up to 3 topics requiring minor updates

#### **4. Reason for Recommendations**

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We have spoken to a number of teams across the health and care system to develop these proposals, considering our current strengths and opportunities to improve the process and presentation of the JSNA. We have looked at JSNAs from other areas, drawing on best-in-class exemplars for how best to develop and present the JSNA.

We are presenting concrete proposals for doing things differently ensuring the JSNA provides evidence for how best to achieve the JHWS outcomes and to identify and mitigate the risks of new and emerging threats to health and wellbeing.

#### **5. Detail**

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##### **Policy Background**

The then Department of Health published statutory guidance on JSNAs in 2013<sup>1</sup>. The guidance emphasised that JSNAs were a continuous process of strategic assessment and planning – not a static product. Their purpose is to inform Health and Wellbeing Board’s priorities and they are a joint responsibility of both Local Authorities and the local NHS. They should focus on needs that can be addressed by these partners, including considering wider determinants and assets. They need to involve others including boroughs/districts, Healthwatch and the local community.

There is little research about the efficacy of JSNAs though one report from 2018 does comment on the “lack of strategic join-up” for JSNAs, JHWS and the Health

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<sup>1</sup> Department of Health (2013). Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies. Available here: <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

and Wellbeing Board function overall.<sup>2</sup> It argued that monitoring implementation of strategies and holding partners to account for delivery was an important element of effective leadership. By refreshing the JSNA to focus clearly on the priorities identified by the JHWS, and ensuring active follow up and evaluation, the JSNA could support this approach for the Health and Wellbeing Board in Surrey.

### **Background to Surrey's current JSNA**

The JSNA is hosted on surrey-i ([www.surreyi.gov.uk](http://www.surreyi.gov.uk)), the Surrey data hub. A deep-dive review of Surrey's JSNA was undertaken in 2014 and a task and finish group, including members from across the system, oversaw required changes during 2015-17. These included focusing on a lifecourse approach with some cross-cutting chapters, using partnership boards to govern individual chapters and displaying data dynamically at the lowest geographic level available.

The revamped JSNA was launched in January 2016, although individual chapters have been produced since then. After the launch, the JSNA strategic task and finish group was wound up. A JSNA Operational Group continued to meet for some time after then but is currently in abeyance.

The current JSNA comprises 31 sections, spread across the lifecourse, and presented as HTML webpages with Tableau Dashboards or embedded data and graphs. Each chapter follows a standard format with some variation where required. A full list of current chapters is included at Annex A.

### **Changing context: the new health and wellbeing strategy**

In 2019 a new JHWS for Surrey was published. It includes 3 priority areas, 12 underpinning 'focus areas' for action and 5 target population groups that need to be considered. Mapping of current JSNA chapters against focus areas and population groups is provided at Annex B. While each focus area and target population group is at least partially covered by the current JSNA, this cross-mapping conceals some potentially large gaps. For example, social isolation is currently only touched upon by a small section of the broader JSNA chapter on adult mental health but is a key focus area for the JHWS. By refreshing the JSNA into a chapter for each focus area, we would ensure that each priority area for action is informed by a clear evidence base and the latest data available.

In line with both the Surrey 2030 Vision and the NHS Long Term Plan, the JHWS has a renewed focus on addressing health inequalities. There is an opportunity to strengthen this aspect of the JSNA, making inequalities, especially for the target population groups, a key focus for every chapter. The JHWS identifies 5 population groups, providing a framework to consider health inequalities throughout the JSNA. The 5<sup>th</sup> group is the "general population", or healthy population. The other 4 groups are people who experience particular inequalities within Surrey.<sup>3</sup> Population-group

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<sup>2</sup> Hunter, D.J., Perkins, N., Visram, S. et al. (4 more authors) (2018) Evaluating the leadership role of health and wellbeing boards as drivers of health improvement and integrated care across England. Report. Available from: <http://eprints.whiterose.ac.uk/151457/1/Evaluating%20HWBs%20FINAL%20REPORT%20-%20April%202018%20Final.pdf>

<sup>3</sup> People with Learning Disabilities or Autism; people living in deprived circumstances; people living with long term conditions; carers

focused summaries provide an opportunity to understand and engage with residents more effectively. In addition, considering each group specifically within every chapter will enable us to consider how they may be differentially affected and how we can best protect or promote their health and wellbeing, in particular.

In addition to the JSNA, parallel workstreams providing intelligence at place are being undertaken by Surrey Heartlands CCGs, Surrey County Council Public Health and the Insight & Analytics teams, including a focus on health inequalities (at Integrated Care Partnership or Primary Care Network level) and through targeted, in-depth reviews of particular localities ('priority places'). The JSNA will support this work through provision of Surrey-wide information and by providing information at the geographical level that makes sense for each focus area. For example, in relation to housing, Districts & Boroughs wield the most power for effecting change so intelligence about housing need should be mapped at D&B or ward level. Mental health services, though, may benefit from mapping with an NHS organisational focus, such as at an Integrated Care Partnership or Primary Care Network level.

## Proposals for change

To inform our JSNA refresh, we reviewed our current practice, identifying strengths and opportunities to improve, considered a range of other approaches undertaken by other local authorities, and engaged with partners across the system to seek comment and feedback. Based on this work, we believe the JSNA refresh should be informed by the following key points:

- a. Guiding principles will help to articulate and frame the JSNA
- b. Users need to govern, lead and own the JSNA process
- c. Follow up and evaluation (focussed on those whose work should be informed by the findings of the JSNA) are essential to ensure JSNA is useful and used
- d. JSNA will always be a matrix of intelligence about population groups, place and topic – identifying which focus will make the assessment most useful should inform the approach taken
- e. The JHWS provides the framework for JSNA, with an emphasis on identifying, exploring and informing action on health inequalities as the golden thread

## 6. Challenges

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The JSNA requires resource from teams across the Integrated Care System and engagement from a range of partners. Both the production and use of the JSNA needs to be seen as a priority among all partners within the Health and Wellbeing Board to achieve the maximum impact possible. Analytic and subject matter expertise is required to produce the JSNA chapters as well as input from citizens or patients.

## 7. Timescale and delivery plan

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Subject to Health and Wellbeing Board approval of our approach, our immediate next steps are to:

- Convene the JSNA operational oversight group with representatives from Surrey County Council public health, adult and children's social care, the analytics and insight team, the CCGs, Healthwatch and Districts and Boroughs. Representation from other organisations may be co-opted as required.
- Agree a workplan for 2020/21 and beyond, with the proposed number of chapters providing the initial basis for the plan.

## **8. How is this being communicated?**

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Prior to the Health and Wellbeing Board meeting, we have engaged with representatives from the following teams and committees to inform the thinking around the JSNA refresh:

- SCC Public health
- SCC Adult Social Care
- SCC Commissioning team from Children, Families, Learning, & Culture
- SCC Strategic Commissioning Team
- SCC Analytics and Insight Team
- Surrey Heartlands CCGs Analytic Team
- Surrey Commissioning Collaborative
- Priority area board and coordinating group chairs
- Healthwatch

Going forward, we will continue to engage with these and other interested groups, to communicate the proposed changes and seek views about which are the first priority areas to produce new chapters on. We will continue to work through existing governance groups and mechanisms. We will align JSNA engagement with the broader JHWS engagement, ensuring all groups with an interest are able to inform and support the JSNA refresh.

## **9. Next steps**

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Subject to the Health and Wellbeing Board's agreement, we aim to:

- Continue to engage around the proposal for changes the JSNA and priority areas for intelligence
- Convene the JSNA operational oversight group (OOG) by April 2020
- Agree the 2020/21 workplan at the first meeting of the JSNA OOG in April 2020
- Develop population group summaries for 4 groups by September 2020
- Complete 3 in-depth JSNA chapters and 3 revised JSNA chapters during 2020/21

### **Annexes:**

- Annex A: current JSNA chapters
- Annex B: JHWS focus areas and population groups / existing JSNA chapters

## Annex A: existing JSNA chapters available on Surrey-i

No.	Title	Update / Publication Date
1	Surrey context	February 2019
2	Maternity and infant feeding	April 2018
3	Long term conditions	April 2018
4	Multiple morbidities and frailty	June 2017
5	End of life	June 2017
6	Developing healthy lifestyles	August 2017
7	Improving health behaviours	April 2018
8	Screening and immunisations	April 2018
9	CYP with SEND	February 2017
10	People with LD/Autism [tableau only]	August 2018
11	Substance misuse	April 2018
12	Sexual and reproductive health	February 2016
13	Unintentional injuries across the lifecourse	April 2017
14	Perinatal mental health	April 2018
15	Emotional wellbeing and mental health	April 2018
16	Wellbeing and adult mental health	April 2018
17	Dementia [tableau only]	April 2017
18	Early years and school readiness	April 2018
19	Education and skills	August 2018
20	Further education and training	July 2018
21	Adult learning	April 2017
22	Young carers and young adult carers	March 2017
23	Adult carers	March 2017
24	Safeguarding children	August 2017
25	Safeguarding adults [tableau only]	April 2017
26	Air quality	October 2017
27	Physical activity, leisure and open spaces	Early 2020
28	Economy, employment and deprivation	January 2018
29	Planning, housing and housing-related support [NB: focused on housing – new chapter on planning due to be published Dec/Jan]	March 2017
30	Arts and culture	December 2016
31	Community safety	May 2017

## Annex B: JHWS focus areas and population groups / existing JSNA chapters

Priority and focus area	Current JSNA chapters (last updated)
<b>Priority 1: helping people in Surrey to live healthy lives</b>	
Working to reduce obesity and excess weight rates and physical inactivity	Maternity and infant feeding (April 2018) Developing healthy lifestyles (Aug 2017) Improving health behaviours (April 2018) Planning/green spaces (TBC – early 2020)
Supporting prevention and treatment of substance misuse, including alcohol	Substance misuse (April 2018)
Ensuring that everyone lives in good and appropriate housing	Planning, housing and housing related support (March 2017)
Promoting prevention to decrease incidence of serious conditions and diseases	Developing healthy lifestyles (August 2017) Improving health behaviours (April 2018) Screening and immunisations (April 2018)
Preventing domestic abuse and supporting and empowering victims	Community safety (May 2017)
Improving environmental factors that impact people's health and wellbeing	Planning/green spaces (TBC – early 2020) Air quality (October 2017)
Helping people to live independently for as long as possible and to die well	End of life (June 2017) Long term conditions (April 2018) Multiple morbidities and frailty (June 2017)
<b>Priority 2: supporting the mental health and emotional wellbeing of people in Surrey</b>	
Enabling children, young people, adults and elderly with mental health issues to access the right help and resources	Emotional wellbeing and mental health (April 2018) Wellbeing and adult mental health (April 2018) Dementia (April 2018)
Supporting the emotional wellbeing of mothers throughout and after their pregnancy	Perinatal mental health (April 2018)
Preventing isolation and enabling support for those who do feel isolated	Wellbeing and adult mental health (April 2018)
<b>Priority 3: supporting people in Surrey to fulfil their potential</b>	
Supporting children to develop skills for life	CYP with SEND (February 2017) Early years and school readiness (April 2018) Education and skills (August 2018)
Supporting adults to succeed professionally and/or through volunteering	Further education and training (July 2018) Adult learning (April 2017) Economy, employment and deprivation (January 2018)
<b>Population group</b>	<b>Current JSNA chapters (last updated)</b>
Children with special educational needs (SEND) and adults with Learning Disabilities/Autism	CYP with SEND (February 2017) People with LD/Autism (August 2018)
Those people living in deprivation, or those who are vulnerable	Featured in a number of JSNA chapters
Those people living with illness and/or disability	Long term conditions (April 2018) Multiple morbidities and frailty (June 2017)
All young and adult carers	Young carers and young adult carers (March 2017) Adult carers (March 2017)
The general population	Featured in a number of JSNA chapters

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