

Report to: Manchester Health and Wellbeing Board – 23 May 2012

Subject: Joint Strategic Needs Assessment

Report of: David Regan, Director of Public Health

Summary

This report illustrates how the Joint Strategic Needs Assessment (JSNA) can assist the Health and Wellbeing Board with identifying outcomes and evidence-based interventions in relation to its agreed strategic priorities. The report also describes the role of the JSNA as a vehicle for involving the local community in an ongoing and continuous discussion about its health and wellbeing priorities.

Recommendations:

1. To note the report
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1. Introduction

- 1.1 At its meeting on the 18th April 2012, the Manchester Health and Wellbeing Board (HWBB) received a paper describing the outcomes of a piece of work that attempted to map the strategic priorities of the HWBB against a range of outcome measures contained within the existing national outcomes frameworks for public health, adult social care and the NHS. It also showed how the six themes that are being explored as part of the Joint Strategic Assessment (JSNA) might fit into this model.
- 1.2 The latest iteration of the JSNA is nearing completion and this paper describes the role of the JSNA and Joint Health and Wellbeing Strategy (JHWS) in linking the strategic priorities - and shared outcomes – of the HWBB to the commissioning decision making process. The report also describes the role of the JSNA as a vehicle for involving the local community in an ongoing and continuous discussion about its health and wellbeing priorities.

2. Strategic health and wellbeing priorities and JSNA themes

- 2.1 The last paper to the HWBB described how the initial six topics being looked at as part of the JSNA (childhood obesity; childhood dental health; worklessness and healthy work; cardiovascular Disease (CVD); mental health and wellbeing; and falls) have a strong overlap with the strategic priorities agreed by the HWBB. This is illustrated in the diagram in Appendix 1.
- 2.2 A key challenge for the HWBB will be to ensure that this overlap doesn't simply exist as a theoretical construct but instead manifests itself in a practical way as part of a continuous and iterative process that links the analysis within the JSNA to a set of shared outcomes and, through that, to an agreement regarding the priority areas that the HWBB wants to focus on *together* as a basis for their collective commissioning plans and decisions.
- 2.3 The table in Appendix 2 is an example of how the draft recommendations from one of the six topic areas (on childhood obesity) can be aligned to some of the HWBB strategic priority areas and, through them, to some of the outcomes contained in the national outcomes frameworks. The table is illustrative of the 'golden thread' between the strategic health and wellbeing priorities, the JSNA topic areas and the national outcomes frameworks described in the previous paper of 18th April. The process of agreeing a final set of outcomes and indicators will be led by the nominated lead for each of the eight priority areas as agreed at the last board.
- 2.4 It will also be important to ensure that there is strong link between the priority outcomes and interventions identified through the JSNA process and the development of 'real time' performance dashboards to monitor progress against the different strands of the Community Strategy in a timelier manner. Public Health Manchester is currently reviewing its existing performance measures and monitoring returns to assess their suitability for use within an aspiration real time dashboard.

3. JSNA, joint health and wellbeing strategy and commissioning

- 3.1 The requirement for local authorities and the NHS to produce a JSNA has been in place since 2007. Experience from the process to date suggests that JSNAs have not been as influential as intended in terms of leading strategic priority setting or influencing commissioning and decision-making. The establishment of the HWBB provides an opportunity to reposition the JSNA at the heart of a jointly owned process that leads to better joint commissioning decisions to serve the whole population.
- 3.2 The production of the JSNA and JHWS is not an end in itself but is part of a wider process through which the HWBB is able to go beyond a simple analysis of common problems in order to identify solutions to those commissioning challenges (rather than just comment on what those problems and challenges are) and get to the services that meet the needs of the local population. Seen in this way, the JSNA is not just an exercise in data collation and information publishing but, rather, is a tool for agreeing priorities for collective action

across the HWBB and wider partners in order to achieve shared outcomes and, as such, complements other existing intelligence outputs, such as the State of the City reports.

4. Community involvement and JSNA

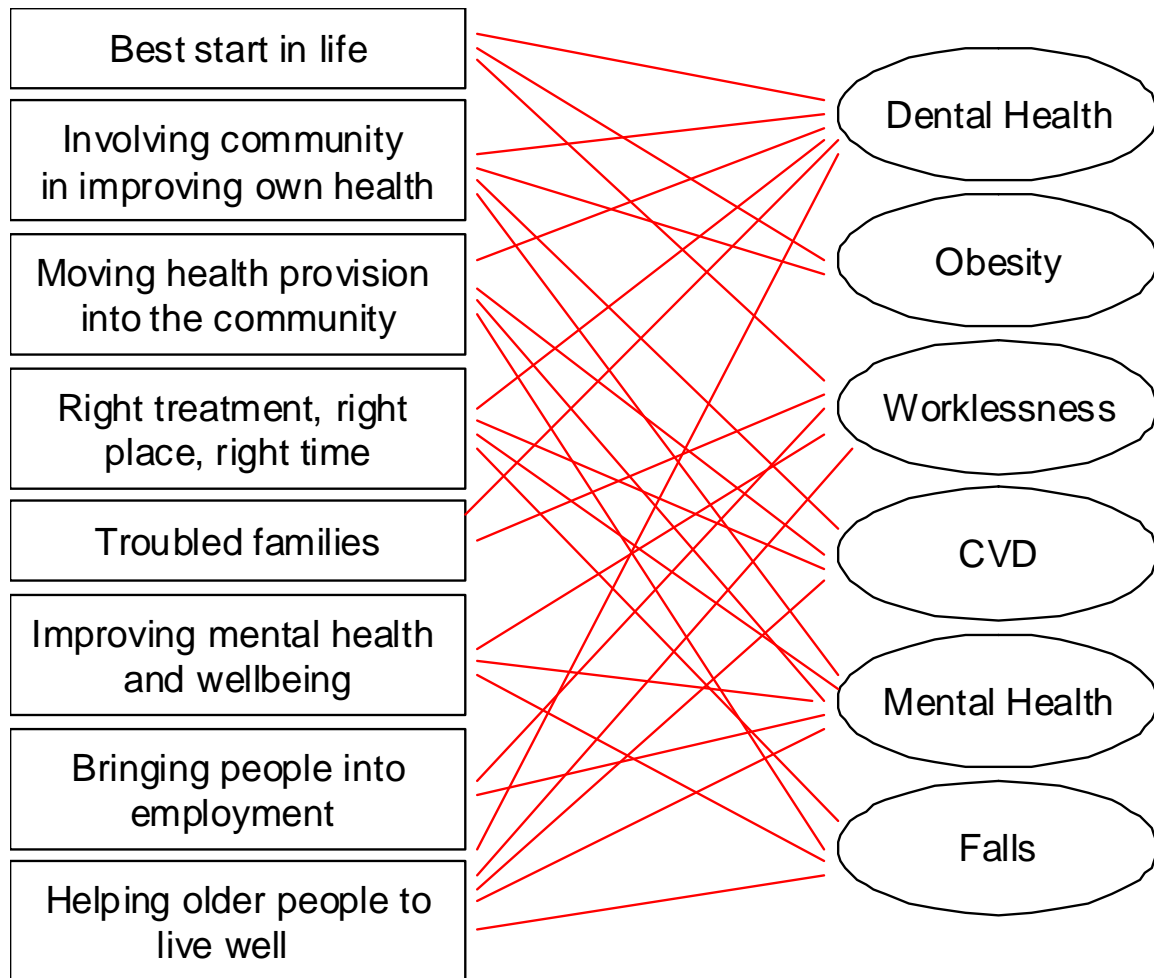
- 4.1 The draft statutory guidance on JSNA and JHWS issued by the Department of Health in January 2012 notes that local authorities and CCGs have a duty to involve the local community in the development of the JSNA in order to supplement other evidence in the JSNA and ensure that it is more reflective of local experience. The guidance stresses that this involvement should be continuous throughout the process, not just at the end. In turn, the HWBB should ensure that it gives due consideration to both the expressed needs of local community and the intelligence emerging from the data.
- 4.2 To date, a number of meetings with South Manchester Patient and Public Advisory Group (PPAG) have taken place to discuss the content and format of the JSNA. A meeting with Central Manchester PPAG is scheduled for 29th May. The JSNA also formed the focus of a meeting of the Voluntary and Community Sector (VCS) Health and Wellbeing Forum on 19th April 2012. Following on from this, Manchester Alliance for Community Care (MACC) has agreed to coordinate feedback from voluntary and community sector organisations in the city on the initial 6 topic areas included in the JSNA. Moving forward, MACC have also agreed to initiate a conversation with voluntary and community sector organisations in Manchester regarding their priorities for topics to look at in detail as part of the JSNA in the future.

5. Recommendations

1. To note the report

APPENDIX 1

Relationship between strategic health and wellbeing priorities and JSNA themes



APPENDIX 2**HWBB Strategic Priorities and JSNA Recommendations (example)**

HWBB strategic priority area	JSNA recommendation (draft)
Getting the youngest people in our communities off to the best start	<ul style="list-style-type: none"> • Commission preventative and weight management services that meet the needs of women of pre-conception age, who are pregnant or who have recently had a baby • To increase data sources for early years and childhood, to inform future commissioning of healthy weight prevention and treatment services.
Educating, informing and involving the community in improving their own health and wellbeing	<ul style="list-style-type: none"> • Further work with Early Years (incl. health visitors, childminders and private nursery settings) to ensure prevention and early identification and intervention using family approaches • Further work with schools and School Health Services to ensure prevention and early identification of obesity and intervention with 5 - 19 year olds • To engage ethnic minority populations in appropriate prevention and treatment weight management services
Moving more health provision into to the community	<ul style="list-style-type: none"> • Develop preventative services for children with learning disabilities and their families • Develop a holistic model of community services to address all aspects of the child's/families health e.g. mental health services, dental services, alcohol services, weight management services
Right treatment in the right place at the right time	<ul style="list-style-type: none"> • Be involved in the commissioning of a GM Specialist Child and Family Weight Management Service • Increase capacity in the Child and Family Weight Management Service in order to meet increasing referrals • Re-commission existing healthy weight prevention and treatment services
Turning round the lives of troubled families	<ul style="list-style-type: none"> • Increase the focus and action on the links between safeguarding and childhood obesity.
Improving people's mental health and wellbeing	<ul style="list-style-type: none"> • To work in partnership to address the environmental factors that influence the prevalence of obesity