

**Manchester Health and Wellbeing Board
Report for Information**

Report to: Manchester Health and Wellbeing Board - 5 June 2019

Subject: Joint Strategic Needs Assessment Evaluation

Report of: Director of Population Health and Wellbeing

Summary

The Health and Wellbeing Board continues to have statutory responsibility and oversight of the delivery and use of the JSNA as set out in the Health and Social Care Act 2012.

This paper describes the interim findings from an internal evaluation of the Manchester JSNA and outlines the next steps for further evaluation and action.

Recommendation

The Board is asked to note the report.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The evidence contained in the JSNA contributes to the development of activities in respect of each of the Health and Wellbeing Board strategic priority areas.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

The Children and Young People JSNA and the Adults and Older People JSNA can both be accessed via the Manchester City Council website at:
<http://www.manchester.gov.uk/jsna>

1 Introduction

- 1.1 The Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) makes it clear that each local authority, together with its partner Clinical Commissioning Groups (CCGs), must prepare and publish a Joint Strategic Needs Assessment (JSNA) for its area and that both sets of organisations should have due regard to this JSNA when exercising their functions as commissioners of health and care services for their populations.
- 1.2 The first Manchester JSNA was published in November 2008 but there is still very little evidence of the JSNA genuinely influencing and informing commissioning decisions in the city as envisaged by the legislation. The establishment of Manchester Health and Care Commissioning (MHCC) and the creation of a more joined-up governance structures for operational planning and commissioning across the health and care system provide an opportunity to redress this situation and move the JSNA back towards the forefront of the commissioning and policy making process in the future.
- 1.3 This paper provides an interim report on the progress of work on the evaluation of the JSNA.

2 Background and Scope

- 2.1 Manchester has made good progress in developing a high quality JSNA resource. To date, a total of 45 separate topic papers have been published on the JSNA website. There is also increasing recognition of the importance of the JSNA as an essential commissioning tool across the health and care system in Manchester. The JSNA features heavily in the revised MHCC Commissioning Policy and the Inclusion and Social Value Strategy. The new MHCC Inequalities Impact Assessment process emphasises the value of the JSNA as a 'first point of call' when considering the impact of a policy, strategy or service model on inclusion and social value.
- 2.2 Recent organisational developments and the move towards greater integration of health and social care through the establishment of MHCC and the MLCO, together with an increasing focus on place-based neighbourhood working, present a timely opportunity to reflect on the effectiveness and impact of the existing approaches to the JSNA approach and to reconsider the governance structures, processes and resources that required to deliver a fit for purpose JSNA in Manchester in the futures.
- 2.3 The evaluation commenced in March and is being led by the Programme Lead (Health Intelligence) within the Population Health and Wellbeing Directorate of MHCC. The evaluation is aiming to identify the strengths and challenges of the current approach to the JSNA as well as reflect on the extent to which our approach can be a mechanism to support MHCC priorities and values.

2.4 The evaluation has been gathering evidence from a range of different sources including:

- Interviews with key stakeholders (e.g. topic co-production partners/senior managers)
- Documentary analysis (e.g. programme management guidance / topic report content etc.)
- Case studies (in development).
- On-line survey (in development)

2.5 This paper details the evaluation findings that relate primarily to three key elements of the JSNA:

- The quality of the content and the design, accessibility and usefulness of individual topic papers
- The organisational fit of the JSNA to achieve maximum impact on decision making
- The extent of co-production within the JSNA

The evaluation is ongoing and other key aspects will be completed by the end of July. The final findings of the evaluation will inform the JSNA developments from September 2019 in time for the annual planning cycle.

3 Progress and key findings to date

3.1 To date, a number of interviews have been conducted with senior managers, programme leads, commissioning leads and topic report authors. Direct quotes from these interviews are displayed in italics in the sections below. Further interviews are planned over the coming months which will extend the breadth of feedback by incorporating a wider range of stakeholders.

Quality, design, accessibility and usefulness of topic papers

3.2 Whilst there was high regard for the depth of data and analysis contained within the JSNA topic papers, there was also a view that the amount of data contained within JSNA topic papers can potentially make them unwieldy and difficult to navigate. Simple changes, such as adding page numbers and a contents page, would assist navigation of the document. There was a recognition among those interviewed that JSNA topic papers are written for a wide range of audiences and therefore it is a challenge to fit the design to be best for all:

“..... Definitely adds value...”

“...Need to be robust / quasi academic but at the same time easily understandable... they are published on a public website...”

3.3 Some interviewees felt that in addition to more lengthy JSNA topic papers, shorter summary papers would be of help.

“If we want to highlight a Public Health issue this should be through short briefing paper rather than full JSNA.”

- 3.4 The online format was seen as a good way of making sure that the JSNA continues to be an evolving resource that is accessible, current and reliable. However, while laudable, this aspiration was challenged by some of those interviewed who noted many topic papers have not been refreshed and are therefore potentially out of date. As the number of topic papers on the JSNA website increases, it will be an even greater challenge to keep them up to date. This main challenge stems from competing priorities on the time of individual authors and leads. However, Manchester is not alone in this challenge and at a recent North West JSNA Leads meeting several local authorities shared similar concerns about the difficulties they are facing in terms of keeping their JSNA up to date.
- 3.5 Interviewees made a number of suggestions that might help to address this challenge, including the installation of live links within JSNA topic reports so that the data is automatically refreshed as it becomes available (although it was acknowledged that this wouldn't cover all data). It was also suggested that a 'twin track' approach could be adopted whereby older papers could remain on the website but relabelled as a 'stand-alone topic at a particular point in time' and more recent JSNA topic papers are regularly refreshed to remain a reliable resource. An additional suggestion was that having a dedicated JSNA programme lead (as in some other local authorities) would result in a more dynamic fostering of both co-production and use of the JSNA across all partners.
- 3.6 A greater use of graphics would also potentially make key data more impactful and accessible to a wide audience. This could be incorporated within the existing format of the topic papers or included within an 'add on' summary paper (*“Dashboard of key metrics in addition to the full paper/JSNA plan on a page in addition to the full paper”*). There is also the potential for incorporating more interactive data into the JSNA in order to allow user to access and manipulate the source data more easily and, in doing so, make the data more easily searchable. In addition, the use of 'pop ups' could help engage with the reader more and would provide a useful quality improvement mechanism (e.g. 'was this data useful to you?'). However, this focus on the data aspects of the JSNA raises the question of the extent to which people understand the distinctiveness of the JSNA and its 'unique selling point' compared with performance dashboards and other data visualisation tools.
- 3.7 Although some interviewees felt that the JSNA topic papers were easily accessible and navigable via the Manchester City Council website, others said that they had challenges accessing them. The best platform and layout for the JSNA is something that could be explored through the proposed online JSNA evaluation survey. However and wherever the JSNA is placed, a clearly named contact for any queries was thought to be helpful.
- 3.8 Reconsideration of the name 'JSNA' was suggested and titles or subtitles that are easier to understand were proposed. Whilst it is a statutory requirement for

a Health and Wellbeing Board to ensure delivery of a JSNA, how this resource is labelled and promoted is open for discussion. It was suggested that developing a local branding for the JSNA and “*presenting it in a more interesting way*” might encourage greater ownership and use.

- 3.9 It was also suggested that the process for agreeing topics for inclusion in the JSNA could align better with commissioning cycles and that the process should take account of new and emerging issues as well as existing priorities.

Co-production

- 3.10 Involving partners from within MHCC and beyond is seen as the best way of ensuring that the information contained in JSNA topic papers is current and relevant. It also maximises the likelihood of the JSNA being used. However, implementing this co-production approach has proven to be challenging. In particular, it has been hard to get individuals to commit to taking on the role of lead author for JSNA topic papers within their specific area of responsibility. Reasons put forward for this included a lack of capacity and a perceived lack of expertise/capability as well as a lack of senior level endorsement. There was a belief that leading/writing a JSNA was not considered part of their role and therefore was potentially perceived as not being a legitimate use of their time.
- 3.11 The JSNA has received positive feedback from individual users who recognised it as a useful and comprehensive resource for their roles and areas of responsibility. However, there is a continuing perception by some that the JSNA is still primarily a ‘health’ product, owned by the Population Health and Wellbeing Directorate. This generates uncertainties around the process for creating, developing, refreshing and, ultimately, using and owning the JSNA. This goes against the fact that the JSNA is intended to be a shared resource that is co-produced amongst its partners. The recognition of this is critical to its long term sustainability.

The organisational ‘fit’ of the JSNA

- 3.12 The evaluation explored the degree of ‘fit’ between the JSNA and the current structures, policies and priorities of MHCC and its partners. Interviewees discussed a number of local organisational changes that present an opportunity to embed the JSNA into local systems. There was clear sense that, as MHCC refocuses its work on strategic commissioning, the JSNA should occupy a more central place within the commissioning framework and associated commissioning cycle. Staff at all levels of the organisation will need to have a clear sense of their own roles and responsibilities in respect of contributing to, using and promoting the value of the JSNA.
- 3.13 The evaluation also considered the current and potential future role of the JSNA in terms of the operational planning and decision making processes of MHCC. In order to align the JSNA process better with strategy and commissioning, it was suggested that the CCG / LCO annual quality assurance process should be used to provide evidence of how the JSNA has

been using and that the new MHCC Strategy Committee should conduct a formal review of the JSNA on an annual basis.

- 3.14 The enhanced role of the LCO as an 'operational' commissioner of out of hospital services implies that they also have a responsibility to support, and have due regard to, the JSNA in the exercise of their functions as outlined in the Health and Social Care Act.

JSNAs and Equality Impact Assessments (EIA)

- 3.15 The new MHCC Inequalities Impact Assessment process emphasises the value of the JSNA as a 'first point of call' when considering the impact of a policy, strategy or service model on inclusion and social value. Interviewees highlighted the potential for the JSNA to be better aligned with the existing EIA process. This should raise awareness of the value of the JSNA and foster more interest in co-production with partners. Additionally, a review of individual JSNA topic reports against inclusion health criteria is proposed.

Drivers and influencers

- 3.16 The topic papers produced as part of the Children and Young People's JSNA were seen as a critical resource for the most recent OFSTED inspection for Children's Services in Manchester and played a critical part (alongside other improvement measures) in helping the service to reach an improved standard. Interviewees suggested that the engagement of lead authors was facilitated by the gravitas of the OFSTED inspection. The production of JSNA topic papers following the OFSTED inspection provided an strategic imperative for people to work on the JSNA such that it was given sufficient priority in terms of resources (time) and senior manager 'buy in'. However, this is not something that is easy to maintain in the longer term.
- 3.17 The separate life course focus of these children and young people-specific papers was something that was investigated with some interviewees in the evaluation. Although maintaining a separate resource of a JSNA for children and young people was considered to be potentially resource intensive, the particular challenges for children and young people services and the part that the JSNAs played in addressing these means that maintaining the JSNA as a separate resource for children and young people would be best practice in the short term, given that service improvements are still developing and a further OFSTED inspection is anticipated.
- 3.18 Whilst it makes sense at this point to maintain the separate life-course papers, unifying the style and format across all the life-course papers will ensure that the resource is presented in a consistent format which can be immediately recognised as part of Manchester's whole JSNA resource.

Manchester LCO and the place-based neighbourhood approach

- 3.19 The establishment of the Manchester Local Care Organisation (LCO), alongside the appointment of Integrated Neighbourhood Teams, Health

Development Coordinators and the establishment of a Memorandum of Understanding between the voluntary and community sector and the LCO, was seen by interviewees as providing a good opportunity to ensure that the JSNA is both influenced by, and contributes to, a better understanding of the needs and assets of local communities. How the JSNA can best serve this is something that needs further exploration and the next stage of the evaluation will link in with LCO and voluntary and community sector partners.

- 3.20 Manchester's focus on communities is not just about identifying data and needs at local levels, it's also about asset-based approach. In order to reflect this, there is a need to re-balance 'needs' versus 'strengths' based indicators and to more routinely include community voices in the JSNA by actively involving more partners in co-production. This could be done by, for example, changing the way in which indicators are presented so that they are focused on emotional wellbeing rather than mental illness. This changes the starting point for strategy and policy development from focusing on need to starting with building with existing strengths.
- 3.21 There is potential to translate this approach into the existing JSNA topic papers. The process of mapping local assets was considered a positive development that could enhance JSNA topics. This opens a more fundamental debate about the types and range of data that are included in the JSNA.

4 Future areas of focus of JSNA evaluation

- 4.1 The evaluation is ongoing and other key aspects will be explored during June and July 2019. Some of the key areas of focus for the next phase of the JSNA evaluation are:
- Exploring the impact of the JSNA via case studies and on-line survey
 - Auditing processes around the JSNA, for example, mapping of JSNA topics against existing organisational strategies and plans e.g. the Manchester Population Health Plan
 - Revisiting the 'opportunities for action' highlighted in the published JSNA topic papers to identify whether these have been acted upon and what has facilitated or prevented this.
 - Exploring how best JSNA can work with LCO and the Voluntary and Community Sector in Manchester.

5 Conclusions

- 5.1 The JSNA has evolved over many years to become a detailed and insightful resource to inform decision making for MHCC and our partners. However, there continues to be some practical challenges in terms of updating the material in a timely way as well as realising our ambition for the JSNA to be a shared resource utilised and developed by all partners. Such challenges are

not unique to Manchester and discussions with other North West JSNA leads demonstrates that other areas are wrestling with very similar issues.

- 5.2 Current organisational changes present a timely opportunity for MHCC, MLCO and voluntary and community sector colleagues to consider how to foster understanding and ownership of the JSNA across all partner organisations in Manchester so that it can support individual and collective priorities. A greater focus on population need and outcomes-based commissioning provides a vehicle for developing and promoting ownership of the JSNA beyond the immediate remit of the Population Health and Wellbeing Directorate.
- 5.3 More generally the recognition of the need for all decision making to be based on reliable national and local intelligence provides a presents a strong incentive to embed the JSNA as a resource to be both generated and used by all health and care partners.