

REPORT FOR ROTHERHAM HEALTH SELECT COMMISSION

Date of meeting:	17th January 2019
Title:	Refreshed Joint Strategic Needs Assessment consultation
Directorate:	Adults, Care, Housing and Public Health

1. Summary

- 1.1. The current Rotherham Joint Strategic Needs Assessment (JSNA) is due a refresh. This provides an opportunity to consider rationalising the content, making it a better fit to drive current priorities and ensuring it is more meaningful to commissioners, service providers, partners and decision-makers.
- 1.2. The purpose of a JSNA is to capture and share data and analytical context about the population of Rotherham with regard to the wide range of influencers on health and wellbeing. The JSNA should inform and influence strategy and thereby drive improvement in health and wellbeing of the population.
- 1.3. To fit with an asset-based approach, there is a need to re-balance 'needs' versus 'strengths' based indicators (by including what is strong, not just what is wrong) and to better include community voice by actively involving more partners in co-production.
- 1.4. In order to determine what the refreshed JSNA should look like, all partners have been actively encouraged to participate in a consultation process to shape the design. It is anticipated that the Health Select Commission will give a considered response to the consultation.

2. Recommendations

That the Health Select Commission:

1. Agree to participate in the consultation regarding the redesign of the JSNA.
2. Note the plan to redesign the JSNA, making any recommendations on the proposed approach.

3. Background

- 3.1. The purpose of a JSNA is to drive improvement in the health and wellbeing of the local community and reduce inequalities for all ages. It is not a stand-alone product, but a continuous process of strategic assessment, which should then inform planning, in order to develop local evidence-based priorities for strategies and commissioning and ultimately help to determine what decisions and actions the Council, local NHS organisations and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
- 3.2. In the statutory guidance¹, it is clear that local authorities and CCGs have equal and joint duties to prepare JSNAs through the Health and Wellbeing Board. The responsibility falls on the Board as a whole and their success depends upon all members working together throughout the process. However, best practice involves co-production with a range of partner organisations, such as the voluntary/community sector and including public voice.
- 3.3. The Rotherham JSNA was redesigned as an online resource in 2013, replacing the former fixed document format of 2011. Following a period of consultation, the Health and Wellbeing Board signed off the final version of the JSNA in February 2014. The JSNA was subject to a review in 2015/16 and in June 2016, the Board agreed that it be subject to further review to improve the content and format in 2016/17.

4. The current JSNA

- 4.1. The JSNA website is hosted by the Council's website at:
<http://www.rotherham.gov.uk/jsna/>
- 4.2. The online format allows for updates of information so that the content is continually evolving in response to new data becoming available or additional content being required. Contributors from a range of service areas have been asked to provide any updates required on a quarterly basis.
- 4.3. The content is arranged under the home page and 7 sections:
 - Home page – provides background to the JSNA, a link to the Health and Wellbeing Strategy, priorities, overview of key issues and downloads.
 - People – information about Rotherham's population including numbers, age, gender, ethnicity and information about specific communities of interest
 - Places – information about the environment, housing, transport, and profiles of the borough, wards and other localities
 - Economy – information on poverty, deprivation, economy and labour market
 - Staying Safe – safeguarding for children and adults, crime, domestic abuse, sexual abuse and CSE

¹ Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, 2012
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

- Healthy living – epidemiological information about lifestyles and behaviours such as tobacco use, alcohol misuse, substance misuse, teenage pregnancy, obesity (inc. eating habits and physical activity) education, and inequalities
- Ill health - epidemiological information about the major causes of disease and infirmity in Rotherham
- Services – describes a range of health and social care services with information on performance and user satisfaction

JSNA users can drill down from each of these sections to find relevant information, for example information on Education can be accessed under 'People' then 'Children and Young People'. There is a search tool to help users find information using key words. For every topic, the JSNA provides answers to three questions:

- Why is this an issue?
- What is the local picture and how do we compare?
- What is the trend and what can we predict will happen over time?

5. Key Issues: Why review the JSNA?

- 5.1. The time seems right to refresh the JSNA, considering the content, format and production since anecdotal evidence suggests the current JSNA is not widely used, presumably because it is not meeting the needs of commissioners, service providers, or the voluntary/community sector.
- 5.2. The launch of the Thriving Neighbourhoods strategy² sets out a new asset-based way of working which places communities at the heart of everything we do. To work in a truly asset focused way, would require a change in emphasis from 'troublesome' indicators (needs and problems) to include a better balance of 'heartening' indicators (assets, strengths, social capital, protective factors). By simply changing the way in which indicators are presented, such as talking about emotional wellbeing rather than mental illness, changes the starting point for strategy and policy development from focusing on need to starting with building on existing strengths.³ The JSNA proposal in 2013 included a "register of assets" which was never implemented so now would be the opportunity to re-dress that gap.
- 5.3. Previously the JSNA has been primarily owned and maintained by RMBC. It is really important that if it is to be meaningful and used by a wider audience, that partners are actively involved in contributing data and contextual analysis. We are not currently for example, using the wealth of data collected by the voluntary sector that could better help us understand our communities. Alongside this, the JSNA should provide a rich resource of information to support the voluntary sector in evidencing information about their local community for funding bids etc.
- 5.4. It is now more popular to present data and analysis in a more pictorial format, using infographics rather than paragraphs of text and tables. This can help

² Thriving Neighbourhoods Strategy

³ Bewsher, H. 2016 Half-full or half-hearted? How can asset-based approaches to Joint Strategic Needs Assessment be implemented more effectively?

http://observatory.kirklees.gov.uk/Custom/Resources/Helen_Bewsher_MPH_Dissertation_2016.pdf

make information more accessible to a wider audience, more impactful and quicker to assimilate.

- 5.5. The JSNA and data and intelligence provision, such as producing health needs assessments, needs to be a joined up and sustainable approach. Having information available online enables users to access easily and keeps resources in a common location. It also enables links to be made to other key documents, such as strategies, and resources, such as the Rotherham Gismo directory⁴.

6. Options considered and recommended proposal

- 6.1. No specific design is proposed at this stage, as the consultation is crucial in determining the most appropriate design to meet the needs of users. Components of the design to be decided include the structure of sections, the type of content display (photographs, maps, infographics, spinecharts, graphs, tables, text preferences) and the thematic content.
- 6.2. It is proposed that key interested representatives from organisations are identified or confirmed through the consultation who will then form part of a working group of authors who contribute to the JSNA on an ongoing basis.
- 6.3. In order to provide the required level of data and accompanying contextual information within current capacity, it is suggested that the JSNA comprises of strategic overview of key areas at a Rotherham level and as ward profiles, and that depth for certain priority topics is added according to priority. It is proposed that the JSNA author group will support the provision of more in-depth data (such as through a needs assessment process) where a priority is agreed. Prioritisation will be determined where there is a defined current use and demand for information, where there is a sponsor who can lead a topic-specific working group to support collation of the required information.

7. Consultation

- 7.1. Consultation questions are attached in appendix A.
- 7.2. The consultation was also made available to complete online through the RMBC consultations section of the website – (this closed on January 14th 2019.)

⁴ <https://www.rotherhamgismo.org.uk/>

8. Timetable and Accountability for Implementing this Decision

8.1. The proposed timeframe for revision of the JSNA is as follows:

November 2018	Draft consultation to Health and Wellbeing Board
December 2018	Consultation launched
January 2019	Consultation closes
January 2019	Working group established
March 2019	Draft structure of new JSNA design finalised and timetable of content confirmed Approval of final content and process of JSNA by Health and Wellbeing Board
May 2019	Revised JSNA published online (not all content will be available at this time)

8.2. Accountability for the JSNA is the Health and Wellbeing Board. However, responsibility for oversight of the redesign and content will be the Public Health team at RMBC.

9. Financial, Workforce, Equalities and Partner Implications

9.1. No additional costs are anticipated for the refresh of the JSNA, which will be produced under current work programmes with current staff capacity and utilising the RMBC website and IT capabilities. However, additional support will be required from RMBC IT to facilitate new website hosting capabilities.

9.2. It is envisaged that the new JSNA would have improved intelligence on equalities and support continued efforts to improve equalities for residents in Rotherham.

9.3. All partners are actively encouraged to engage with the JSNA, contributing data and adding contextual analysis as appropriate and by using the intelligence provided to drive strategy, plans and service delivery to ultimately improve the health and wellbeing of people in Rotherham.

10. Contacts

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Appendix 1. Consultation questions

1. When did you last look at the JSNA?
 - A. Never, as far as I can remember
 - B. A long time ago, probably over a year ago
 - C. Within the last year
 - D. Fairly recently
 - Please explain why or for what purpose you used it last or haven't used it:

2. The JSNA is unfortunately unlikely to fulfil everyone's requirements in terms of providing detailed local data on a huge range of themes. Therefore it is important that we gain consensus on the main purpose of the JSNA in Rotherham and how it will be used.

What do you think is the most important use for the JSNA?

 - A. Informing strategy and high level planning
 - B. Informing service commissioning and detailed service planning
 - C. As a single place in which to look for any data about Rotherham
 - D. Other – please give an example
 - E. I'm not sure I really think it is important to have a JSNA

3. The current proposal is to change the emphasis of the JSNA to better fit with the 'Thriving neighbourhoods' approach, considering what is already strong in Rotherham communities. This helps us to consider how we can build on that, rather than starting from the point of trying to meet perceived need.

How important is it to you that the JSNA captures assets as well as needs (what is strong, as well as what is wrong)?

 - A. Very important – I think assets should be a key component
 - B. Important
 - C. Not important
 - D. I think it should continue to focus solely on need

4. Currently the JSNA is text based, with some downloadable reports that also contain maps or graphs, such as the ward profiles. It is important that the JSNA provides accessible and meaningful information in a way in which it can be easily used.

What is your preferred format for the presentation of the data and contextual information? Please rank in order of preference

 - A. Text with tables
 - B. Infographics
 - C. Graphs
 - D. Maps
 - E. Spinecharts
 - F. Other – please give details

5. In order to provide the required level of data and accompanying contextual information within current capacity, it is suggested that the JSNA comprises of strategic overview of key areas at a Rotherham level and as ward profiles. Depth for certain priority topics will then be added according to priority. It is proposed that the JSNA author group will support the provision of more in-depth data (such as through an assets/needs assessment process) where a priority is agreed. Prioritisation will be determined where there is a defined current use and demand for information, and where there is a sponsor who can lead a topic-specific working group to support collation of the required information.

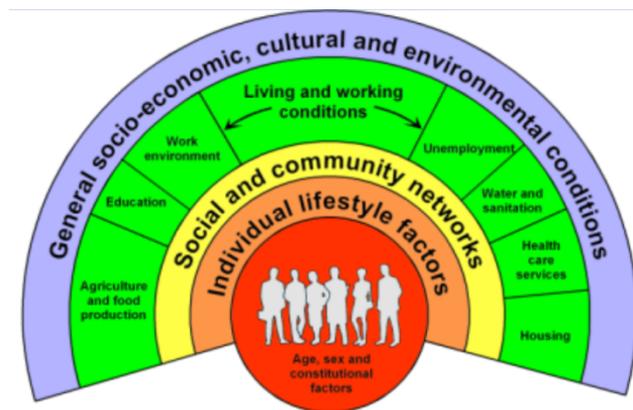
Do you agree with this proposal?

A. Yes

B. No

- Please describe an alternative proposal or your objections if you said No.

6. There are lots of different influencers of the health and wellbeing of the population. Whilst we will endeavour to ensure a good search function is included, the JSNA needs to have an overall structure that is intuitive to make it easy to find what information you are looking for. What structure would you find easiest to navigate?



source: Dahlgren and Whitehead, 1991

A. Current structure (People, Places, Economy, Staying Safe, Healthy Living, Ill Health and Services) with enhancements (such as inclusion of assets)

B. A simpler headline structure, such as Population demographics, Communities of interest (children, vulnerable/equality-related groups), and Influencers on health (economy, education, crime etc)

C. Sections relating to the theme boards that sit under the Rotherham Together Partnership (Community Safety, Children and Young People, Business Growth, Strategic Housing, Building Stronger Communities, Ambition Rotherham Place, Integrated Health and Social Care Place)

D. Other – please describe

7. We would like to have a good understanding of what indicators and data we hold locally as partners that could be shared or would add context and value to a Rotherham JSNA. Please give examples of any useful information you, as a service or organisation, collect that could potentially be analysed and shared.

8. In order to develop the headline strategic overview it would be helpful to better understand the priorities and needs of those who intend to use the JSNA. Please give your contact details if you would like to be further involved in redesign process, or as an author or data provider for future content.

9. Please add any other comments.