

**Health and Wellbeing Board****DEVELOPMENT OF THE JOINT STRATEGIC NEEDS ASSESSMENT****1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 To update the HWB on issues influencing the future design of the JSNA.
- 1.2 To seek HWB sponsorship and support for development plans.

**2. BACKGROUND INFORMATION**

- 2.1 A JSNA is a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve the health and wellbeing outcomes and reduce inequalities.
- 2.2 The JSNA is a statutory duty of the Health and Wellbeing Board. (2007 Local Government and Public Involvement in Health Act, 2012 Health and Social Care Act). The duty is to:
  - Produce a JSNA.
  - Ensure local authorities (LAs), Clinical Commissioning Groups (CCGs) and NHS England commissioners take the JSNA into account for planning and designing health and care services.
- 2.3 Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs, through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process<sup>i</sup>.
- 2.4 The timing, frequency and format of JSNAs is not stipulated. However, the expectation is that HWB boards are able to assure themselves that their evidence-based priorities are up to date to inform local plans. To be transparent and enable wide participation, boards should be clear with their partners and the community what to expect and when outputs will be published. North Lincolnshire's JSNA has been in document form, produced in 2018.
- 2.3 Joint Strategic Needs Assessments (JSNAs) help identify key local health and wellbeing priorities. There are clear links to the prevention agenda to prevent ill health and reduce health inequalities.
- 2.4 Whilst statutory guidance on producing a JSNA has not been updated since 2013, there have been many developments in the context of health and social care, which

will influence the form and publication of the JSNA and how it is co-produced. These factors include:

- The development of Integrated Care Systems (ICS)<sup>ii</sup> and the focus on Place.
- The NHS Long Term Plan requiring more NHS action on prevention<sup>iii</sup> and health inequalities<sup>iv</sup>
- Aligning with population health management (PHM<sup>1</sup>) principles<sup>ii</sup> to drive service design and delivery based on data and intelligence.
- Increased need for health inequality assessments to be undertaken, especially in relation to the impact of COVID-19
- Need for complex systems approach taking into account multiple factors that influence health across population groups.
- Using new technologies to help improve the way information is collected, analysed and disseminated.
- Improved data access and sharing.

2.7 Our JSNA was published in 2018 and needs updating. Local covid epidemiology work has necessitated diverting health intelligence resources during the pandemic. Much of the Covid work remains but is becoming more systematised.

2.8 The ultimate aim of all needs assessment and health intelligence work is to aid evidence-based decision making. A key risk with our current approach is that the JSNA is quickly out of date once it is published which limits its utility to aid programme design.

2.9 Although Covid has diverted analytical capacity, the response has been an excellent exemplar of daily evidence-based decision making using data and intelligence to focus our interventions.

2.10 There are many cross overs between the JSNA and population health management, the evidence based decision making programme across the NHS. It makes sense for the programmes to be complimentary in nature.

2.11 Other LAs have taken a varied approach to evolving their JSNAs. Some, like us, produce an overarching document on a regular basis, others have a live JSNA with several elements, such as an observatory and library of reports and profiles produced to inform strategic and design decisions. Finding a sustainable model that meets the needs of decision makers is an important consideration for our JSNA.

2.12 Many social determinants of health—including poverty, physical environment (eg, smoke exposure, homelessness), and race or ethnicity—have a considerable effect on COVID-19 outcomes.<sup>v</sup> and inequalities are becoming more apparent as the pandemic progresses. Therefore, it is timely that consideration is given to a joint strategic needs assessment that incorporates the impact of COVID-19 and aids decision making around recovery and response.

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<sup>1</sup> Population Health Management is an emerging technique for local health and care partnerships to use data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of the collective resources. This could be by stopping people becoming unwell in the first place, or, where this isn't possible, improving the way the system works together to support them

### 3. Options:

3.1 To develop a sustainable and relevant JSNA through a new HWB sponsored JSNA steering group. The remit is:

- Review the current JSNA
- Design new sustainable and relevant model for our JSNA
- Create plan for delivery

3.1.1 Keep HWB informed of progress and risks.

3.1.2 The project steering group to be co-chaired by nominated representatives from North Lincolnshire Council and North Lincolnshire Clinical Commissioning Group.

3.2 **Option 2:** To defer starting the publication of the next JSNA

### ANALYSIS OF OPTIONS

#### 4.1 Option 1:

4.1.1 The current JSNA is now 3 years old. Our current model means that the JSNA may be out of date soon after it is published. This option allows for a more agile model to be developed to better inform decision making.

#### 4.2 Option 2:

4.2.1 Deferring writing the next version of the JSNA, will potentially miss opportunities to influence decisions.

### 5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

5.1 **Staffing:** Reviewing the current JSNA and scoping the new JSNA, can be undertaken within existing resources.

5.2 **IT:** This will be an opportunity to further develop IT system alignment with other partners to support population health management principles. This will also provide an opportunity to improve the way that data are made available through web-based technologies.

### 6. OUTCOME OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

6.1 An integrated Impact Assessment is not required at this stage in the process.

### 7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

7.2 Key partners would be involved in option 1. One of the outputs from the project plan will be proposals for wider consultation and engagement.

### 8. RECOMMENDATIONS

## 8.1 To approve option 1.

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### **Background Papers used in the preparation of this report**

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<sup>i</sup> DoH (2013) Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

<sup>ii</sup> <https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf>

<sup>iii</sup> <https://www.longtermplan.nhs.uk/areas-of-work/prevention/>

<sup>iv</sup> <https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/>

<sup>v</sup> Abrams E. M., Szeffler., (2020) COVID-19 and the impact of social determinants of heal. [www.thelancet.com/respiratory](http://www.thelancet.com/respiratory) Vol 8 July 2020. pp659 – 660.