



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell, Director of Public Health

Date: 31st March 2016

Subject: Review and update of the Sheffield JSNA

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Summary: The current JSNA for Sheffield was published in June 2013; an update is due. This paper sets out the key findings from a rapid review of the Sheffield JSNA (based on stakeholder interviews and literature search), conducted during January and February 2016. It then sets out the key actions, timeline and resources needed to develop an up to date JSNA by October 2016.

Questions for the Health and Wellbeing Board:

- Is the proposal to combine the JSNA with this year's DPH report acceptable?
 - Is the timescale of April to October 2016 acceptable?
 - Are there any nominations for the editorial group?
 - Is the broad approach to the report (i.e. based on starting well; living well; ageing well) acceptable?
 - Are there any specific questions the report should seek to answer?
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Recommendations for the Health and Wellbeing Board:

- Agree the approach to developing a combined report as set out in section 4
 - Agree the key actions and timescale set out in section 4
 - Request the final report for approval in October 2016.
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Background Paper: The current JSNA and related resources may be accessed at:
<https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/JSNA.html>.

REVIEW AND UPDATE OF THE SHEFFIELD JSNA

1.0 SUMMARY

1.1 The current JSNA for Sheffield was rapid review of the Sheffield JSNA conducted during January and February 2016. It then discusses the best option for updating the JSNA in line with the findings of the review and the resources available to undertake the work. The aim would be to sign off an updated published in June 2013; an update is due. This paper sets out the key findings of a JSNA document in October 2016.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

2.1 The core purpose of the JSNA is to provide an evidence base for health and social care commissioners to help them determine what to commission in order to meet the health and wellbeing needs of the local population.

3.0 MAIN BODY OF THE REPORT

3.1 The duty to produce a JSNA was placed on Health and Wellbeing Boards by the Health and Social Care Act 2012 and Sheffield duly produced its first JSNA in June 2013. The Act and related guidance did not recommend a specific timeframe for the JSNA or what it should contain other than it should be 'joint' (health and social care partners), 'strategic' (focussed on outcomes) and based on 'need' (rather than demand). The general expectation was that it would therefore cover a period of between 3-5 years and provide knowledge and intelligence (evidence base) to support efficient and effective decisions about the health and social care services to be commissioned to meet the health and wellbeing needs of the local population.

3.2 The Council also has a duty to produce an annual Director of Public report which should provide an assessment of the key health and wellbeing issues and challenges for the local population and make recommendations for improvement. In Sheffield the DPH report is usually published in October. In practice it can sometimes be difficult to see how a DPH report might differ markedly from an annual JSNA summary report.

3.3 In addition, the Board has recently decided that its Joint Health and Wellbeing Strategy should be reviewed. A review and update of the JSNA during 2016, especially if this is linked to the development of the DPH report, is therefore timely and would help to inform health and social care commissioning plans for 2017-18 onwards.

3.4 A rapid review of JSNA stakeholders and a literature review were undertaken during January and February 2016. Stakeholders were drawn from officers and members of the Council (all portfolios) and the CCG. The literature review covered government guidance; 'how to' guides; toolkits and resources; published research and evaluation; and a cross-sample of JSNAs online.

- 3.5 The review indicated that although the Sheffield JSNA provides a useful overarching profile of needs and a valuable data resource, it is not currently organised in a way that can be used to drive commissioning across the whole local health and social care economy or fully shape the understanding and approaches of other related organisations in the City.
- 3.6 Inevitably different stakeholders have different priorities and perspectives. Equally it is not possible to develop a JSNA that is all things to all people. Overall however there was general support for a more comprehensive, dynamic and interactive *web based* JSNA resource incorporating quantitative and qualitative information, integrated with other key intelligence reports and focused on needs.
- 3.7 The level of SCC and SCCG resource available to support this work means that a full-scale re-development of the JSNA (as described above), alongside production of a DPH report by October 2016 is simply not feasible. Moreover, the Council's internet is currently being re-procured and the new platform is unlikely to be available until late summer. This would be pivotal in providing a full online JSNA resource.
- 3.8 The best option going forward therefore would be to combine production of an up to date JSNA summary report, along the lines of '*what is the JSNA telling us?*' with production of this year's DPH report focused on the key actions and interventions we could take as a city to improve outcomes and reduce health inequalities. The full re-design of the JSNA could then be developed as a phased programme of work starting later in the year.

4.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

- 4.1 Public Health England has developed a useful set of JSNA related evidence packs (for all local authority areas) that focus on the risks, factors and actions that are associated with 'starting well'; 'living well'; and 'ageing well' and the evidence of what works in relation to achieving improved outcomes in these areas. It is proposed that these evidence packs be used to form the basis of the main chapters of the JSNA/DPH report given that they would help us to identify where and how we can have the greatest impact on health and wellbeing in Sheffield.
- 4.2 The combined report would also need to include a section on the demography of Sheffield (and the implications for services) as well as a progress report on recommendations from last year's DPH report and an introduction from the DPH. The table overleaf sets out the key actions and timescales for producing a merged JSNA/DPH report by October 2016.

Key Actions	Timescale
Establish editorial group with reps from SCC, SCCG and VCF. Terms of reference and draft outline for report signed off at first meeting	April - Sept
First drafts of key sections on demography; starting well; living well; and ageing well produced. Focus should be on what the key issues are and how best to respond	April - June
Set of links to range of health and wellbeing data produced (e.g. Public Health Outcomes Framework) as companion resource to the report	April - June
SCC Communications Team design layout of report and media (NB a suitable budget is available); progress on last year's DPH report recommendations produced; and introduction written	July - Sept
Final report to HWBB for approval in October and dissemination via SCC, CCG and partners	Oct - Nov

5.0 QUESTIONS FOR THE BOARD

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- Is the timescale of April to October 2016 acceptable?
- Are there any nominations for the editorial group?
- Is the broad approach to the report (i.e. based on starting well; living well; ageing well) acceptable?
- Are there any specific questions the report should seek to answer?

6.0 RECOMMENDATIONS

- Agree the approach to developing a combined report as set out in section 4
- Agree the actions and timescale set out in section 4
- Request the final report for approval in October 2016.