

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

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To: Kent Health and Wellbeing Board

Date: 16th March 2016

Subject: Joint Strategic Needs Assessment (JSNA)

Classification: Unrestricted

Summary: This report presents the outcomes from the Kent JSNA workshop in September 2015 comprising feedback and comments from four breakout sessions. This information has assisted in the development of a range of possible actions going forward.

Recommendation:

The Kent Health and Wellbeing Board members are asked to:

1. Comment on and endorse the contents of this report;
2. Approve the above actions in Section 3 designed to improve the JSNA development process; and
3. Agree future direction of the Kent JSNA.

1. Introduction

1.1 A half-day workshop was arranged in September to explore and discuss improvements to the JSNA and its development process. The workshop was also designed to address issues raised by commissioners about the JSNA, ie that in its current form it does not adequately inform commissioning decisions, in particular the relative value of different investment options.

1.2 Eighty four delegates attended the JSNA Workshop Event on 22nd September 2015. The following breakout sessions were run concurrently.

- Evaluation of the use of Kent JSNA in commissioning
- Data and intelligence
- JSNA development process and products
- Future accountability arrangements

1.3 Workshop feedback and notes were analysed to inform this report.

2. Results

2.1. Evaluation of the use of Kent JSNA in commissioning

2.1.1. There seemed to be poor awareness about the content and potential uses of the JSNA and JSNA products. As a result, there was limited comment on its use in commissioning. The role of partners in the development of the JSNA was not very clear. Some felt a need to include additional JSNA chapter summaries and improve existing ones.

2.2. Data and intelligence

2.2.1. It was felt that there was a lack of qualitative data in the JSNA and its embedded needs assessments. The JSNA was thought to be too strategic. In its current shape, the JSNA does not meet the need of the partners and that the current CCG and District profiles need to be further developed for local HWBBs purpose. The JSNA was felt to be too retrospective and not forward looking. Participants expressed a desire for more predictive analytics to describe service demand or population need.

2.2.2. The participants were complementary about the Health and Social Care maps. The extensive support from the JSNA and the Kent Public Health Observatory team was acknowledged, particularly about the wealth of data available.

2.3. JSNA development process and products

2.3.1. There was a call for clear, strong recommendations from the JSNA. It was felt that training and education around the JSNA would be useful, especially in order to understand the use of the JSNA, the role of partners in development of the JSNA, how to improve communication between partners, and clarity around the role of district councils in the JSNA process. Participants wanted the JSNA to become a product to bring about change.

2.3.2. Some commented positively on the usefulness of the JSNA annual exception report, although it was felt that the recommendations could be more succinct.

2.4. Future accountability arrangements

2.4.1. Participants strongly expressed a desire to reconvene the JSNA Steering Group, comprising appropriate partners. There was some discussion around the absence of evaluation and/or assurance of commissioning plans, as well as the need for a common sense test for the JSNA content. There was a call to align various priorities with commissioning values.

2.4.2. The JSNA was perceived to be of a sound structure and good evidence base, which supported Health and Wellbeing Board(s) decisions.

3. Discussion

3.1. The workshop attracted a broad range of partners' views about the JSNA and the associated process and it was generally felt that this feedback provides sufficient evidence to frame a suite of recommendations to support the JSNA process and engagement with our partners. These actions centre around awareness and use of the JSNA, the editorial quality of the finished product(s) and the governance of the process.

3.2. In terms of user awareness, it is proposed that a range of training programmes be offered on the JSNA website and/or through other relevant public health training sources. This, coupled with other interventions, mentioned below, should help address the issue of lack of awareness.

3.3. It is proposed to put together a programme of meetings with local HWBBs to promote the JSNA, explain its development process (including the work of the multi-agency information group in KCC), how commissioners could use its 'products' in their planning work, what are its present limitations and how we can address them in future.

3.4. Questions have been raised around the quality and content of some of the JSNA 'products' particularly chapter summaries. A quality plan will be put in place to develop the necessary editorial structure which moves the process towards quality assurance rather than quality control. Author training, proof-reading and style compliance all contribute to this. The plan will be considered by the KCC Public Health Quality Committee.

3.5. There is a need to ensure consistent reporting of a patient/citizen's view of their health and wellbeing and use of health and care services. Public Health will be commissioning an appropriate organisation to pull together and regularly report all past and present user/citizen engagement work across Kent that is relevant to the JSNA chapter summaries.

3.6. The Kent JSNA development process has been managed by the JSNA / JHWS steering group, represented by key stakeholders, particularly KCC, districts and CCGs. The group should be reconvened, but with a smaller robust membership and terms of reference. The Group will be charged with formulating proposals that will address the concerns of commissioners and provide a JSNA that answers, at least in part, the more complex questions they are now raising. Membership of this group would comprise Public Health

representatives, KCC Policy team and representatives from the CCG and social care commissioning. Others could be co-opted as necessary for more specific topics or issues. The group would be tasked with determination of the scope and content as per partner needs, especially the predictive modelling elements, of the Kent JSNA Plus and reporting the proposals to the Kent Health and Wellbeing Board. The JSNA Development Group would be supported by the existing Multi Agency Data and Information Group that formerly reported to the JSNA and HWB Steering Group. The group will be tasked to work towards the proposed future vision for Kent shown in Section 4.

4. Proposed Future Vision for the Kent JSNA

- 4.1. While current data and datasets are useful in performance monitoring and describing variation and inequalities in healthcare provision, they are of limited use in answering complex commissioning questions, e.g. estimating impact of new models of care in the backdrop of reduced health and social care budgets.
- 4.2. The collection and analysis of health and care service data needs to change in order to answer the type of questions commissioners are currently asking. Figure 1 attempts to illustrate the current challenges around the scope and usability of the JSNA. Much of the current JSNA scope is high level, where information and intelligence largely answers hindsight questions such as ‘what happened?’ and ‘why did it happen?’ around recent changes in population health and exploring different risk factors.
- 4.3. However, commissioners appear to be phrasing more complicated questions such as ‘what will happen?’ and, more importantly, ‘how can it make things happen?’, namely foresight. A good example is a current project by Public Health to understand future bed capacity across health and care services. Whilst the tools, techniques and analytical capability is already available to intelligence teams to answer these questions, the current data and datasets that they use are not in an appropriate format i.e. not ‘joined up’ or readily accessible for this purpose. This process of moving from where we are today to where we would like to be, in terms of analytics, is called ‘JSNA Plus’.

4.4. Kent HWBB member organisations should adopt a common vision and strategy in bringing data and information together to enable better robust analyses and allow the Kent JSNA to discuss not just health and care inequalities but more importantly investment / disinvestment solutions for preferred models of care.

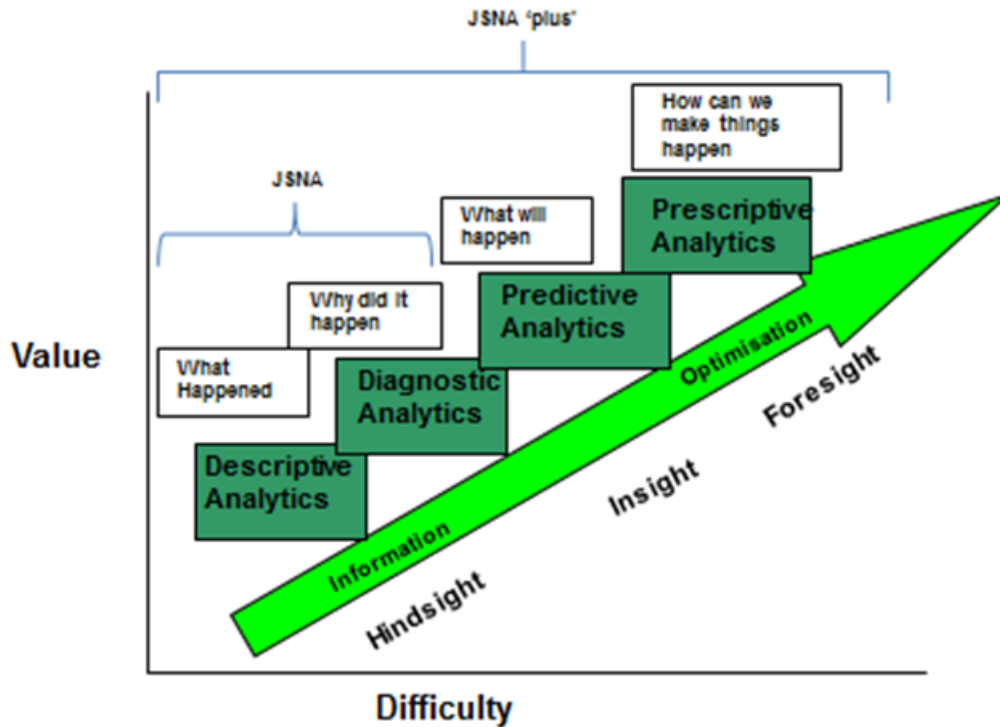


Figure 1 Source: British Army, DataGov Conference September 2015

5. Recommendations:

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6. Contact details

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