



REVISING LEWISHAM'S JSNA PROCESS

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LONDON BOROUGH OF LEWISHAM



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Aim

The aim of this paper is to review the existing JSNA process in order to implement a refreshed process that will:

1. Achieve wider stakeholder engagement;
2. Provide a more strategic overview of needs;
3. Take account of and help determine local priorities;
4. Be more transparent and accountable to the Health & Wellbeing Board;
5. Provide effective monitoring and efficient management of available JSNA resources.

Background

The Joint Strategic Needs Assessment is commonly known as the 'JSNA'. It is not a document or single 'product', but a continuing process of strategic assessment of population and service needs that helps policy makers, commissioners and service providers make better decisions to improve health and wellbeing and reduce health inequalities.

The production of a JSNA became a statutory duty on PCTs and upper tier local authorities in 2007. In addition, the Health and Social Care Act 2012 placed a new statutory obligation on Clinical Commissioning Groups, Local authorities and NHS England to jointly produce and commission the JSNA. Findings and recommendations from the JSNAs should feed the local health and wellbeing strategy and CCG commissioning cycle and indeed determine local priorities and action.

Every local authority has its own way of undertaking its JSNA. In Lewisham, an independent JSNA website with comprehensive information on demography, social and environmental factors has been provided for several years. The website also gives access to a comprehensive list of in-depth needs assessments on specific topics, some of which have subsequently been refreshed, and others that are now several years old. These in-depth assessments vary in scope and may cover specific diseases, conditions, or problems, a geographical area, a segment of the population, or a combination of all these.

Historically, there was no systematic approach to identifying and prioritising topics for JSNA until 2012/13. However, needs assessments have always been carried out in a structured way, and to an agreed standard? In 2014/15 the Health & Wellbeing Board agreed a revised JSNA process that delegated responsibility to a Health and Wellbeing Strategy Implementation Group to prioritise and sign off completed JSNAs topics before final approval by the Board.

Current Scenario

The historic JSNA process is not without its limitations. Firstly, JSNA engagement events had **poor participation rates** and attempts to invite suggestions and support for JSNA topics had a **poor response**. For example in 2015, the public health team only received 5 responses. This has meant that the opportunity to assess the needs of the population has been restricted due to **lack of stakeholder engagement**.



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Secondly, even this small number of JSNA topics struggled to take off due to **ressource limitations**.

Thirdly, the prioritisation of JSNA topics and commitment of resources has been on a first come - first serve basis, or when there is a pressing need to commission or decommission a service or meet a statutory obligation to provide a needs assessment for an inspection. The process has not facilitated **prioritization of JSNA topics based on local, changing strategic priorities** to improve health and wellbeing outcomes of the community.

Furthermore, the **health and wellbeing strategy implémentation group has not met for over a year**, and health & wellbeing board meetings now only take place three times a year, with a very busy agenda.

Finally, there is **no robust mechanism or process in place to regularly refresh at least a core of key intelligence** on the population, and to **disseminate new JSNA findings and recommendations** to the widest constituency of partners.

Hence the need to refresh the existing process and implement a new system that, due to resource constraints, can be automated wherever possible, promote wider stakeholder engagement in both the selection and conduct of JSNA topic assessments, be more transparent, accountable and where the JSNA process itself can be effectively monitored and efficiently managed.

While reviewing the existing process, further operational questions were raised:

- How many new JSNA topics and refreshes can be done in a year?
- How often does a JSNA topic need to be refreshed?
- How in-depth a JSNA topic or a refresh should be, and how long it should take to complete?

Learning from experiences shared by analysts from other boroughs in South London and from our local public health team, an individual JSNA topic assessment can take between 2-6 months based on the topic, level of in-depth assessment required and availability of resources. Some boroughs have a chapter based approach which they update on an annual basis where they agree set chapters through a JSNA steering group i.e Kingston, Merton. Some boroughs use surveys, prioritisation matrix and stakeholder engagement events to choose their topics and deliver their JSNAs i.e. Greenwich, Warwick, Portsmouth and Wolverhampton. Based on this information, it is likely that no more than 2-3 needs assessments could be undertaken at any one time, and probably not more than 4-5 new JSNA topics completed per year, with a maximum duration of 6 months from approval to sign off for an individual JSNA topic.

In relation to the question of refreshing out of date JSNA topics, based on the team's past experience and conversations with other borough analysts, a refresh can take between 1 - 2 months depending on the criteria for refresh. In some cases, this can generate a whole new JSNA topic assessment. Statutory needs assessments like the Pharmaceutical Needs Assessment are done every 3 years following NHS England guidelines. Based on resource (staff, data and evidence) availability and strategic requirement, it is likely that only 3 or 4 refreshes could be undertaken a year.



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The Proposed Process for Undertaking a 'Macro' JSNA 'Picture of Lewisham' Assessment

It is proposed that, in addition to specific, topic based JSNA assessments (described below), an overall 'Macro' level JSNA assessment will be undertaken and refreshed annually to provide a strategic level 'Picture of Lewisham'. This will describe the population of Lewisham in terms of the key health and socio-demographic characteristics, including mortality, morbidity, ethnicity and inequalities. It will be accessible in a variety of formats for ease of use, including infographics and downloadable excel spreadsheets. The processes for updating the data will be automated wherever possible and refreshed as soon as the latest data become available at source.

The Proposed Process for Undertaking a New JSNA Topic Assessment

As discussed above, there is a need to create **two** parallel processes; one for the generation of New JSNA topic assessments, and the other for refreshes of out of date JSNA topic assessments. A 6-stage process is proposed for new JSNA topic assessments:

- 1. Topic Identification** – This is the initial stage where individuals (from any sector of the community) or partner organizations are invited to nominate topics for assessment. They will do this by completing and submitting an online form, clearly explaining the topic of interest, reason for their choice and the strategic context. They will also be required to indicate the level of resource and support they are prepared to contribute to the assessment. There will be a simple registration process which will facilitate monitoring and feedback throughout the process. In this initial phase, a newly constituted JSNA steering group, formed by, and reporting to, the Health and Wellbeing Board, will be responsible for making sure all relevant partners, including the public, are aware of the registration process and the key deadlines for topic prioritisation decisions (see below). A quarterly update of the JSNA topic requests will be sent to the JSNA steering group. Those who have registered and submitted a topic will be able to track the progress of their submission and any decisions made.
- 2. Prioritisation and Approval** – The JSNA steering group will be responsible for the prioritisation and approval of the JSNA topics submitted. The steering group will also be able to respond to strategic need by nominating topics itself. An annual timetable will be agreed that is in line with local authority and CCG commissioning cycles, and all dates for submissions, prioritisation meetings and decisions will be published on the JSNA website. Nominated topics will be reviewed and prioritized against a prioritisation scoring matrix (Appendix A) and ranked appropriately. If the JSNA Steering group needs to gather more information they can contact the person who submitted the survey. The JSNA Steering group will also assess the available resources and required skill mix before approval. If a JSNA topic has been approved, it will move on to the next stage. There is nothing to stop a non-approved JSNA topic being re-submitted for the next prioritisation deadline.
- 3. Pre-production Pooling and Preparation of Approved JSNA Topics** - Based on the operational estimates of the time and resource capacity to produce JSNA topic assessments described above, it is envisaged that no more than 2-3 JSNA topics will be in production at any one time. The depth and therefore the time taken to complete each JSNA topic will be pre-agreed with the topic nominees. The maximum length of time taken to complete a JSNA topic assessment

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will be set at 6 months, and the work tailored accordingly. All pre-production but approved JSNA Topics will be placed in a pool, and ranked according to their prioritisation scoring. The pool will be regularly reviewed by the steering group, and topic nominees will be able to request a review of the score if they feel that circumstances have changed such that they feel a topic has become a higher priority for Lewisham. As soon as a JSNA topic is completed, the first JSNA topic in the pool will go into production. The health intelligence team may be able to undertake some preparatory data collection and analysis prior to production, subject to resources.

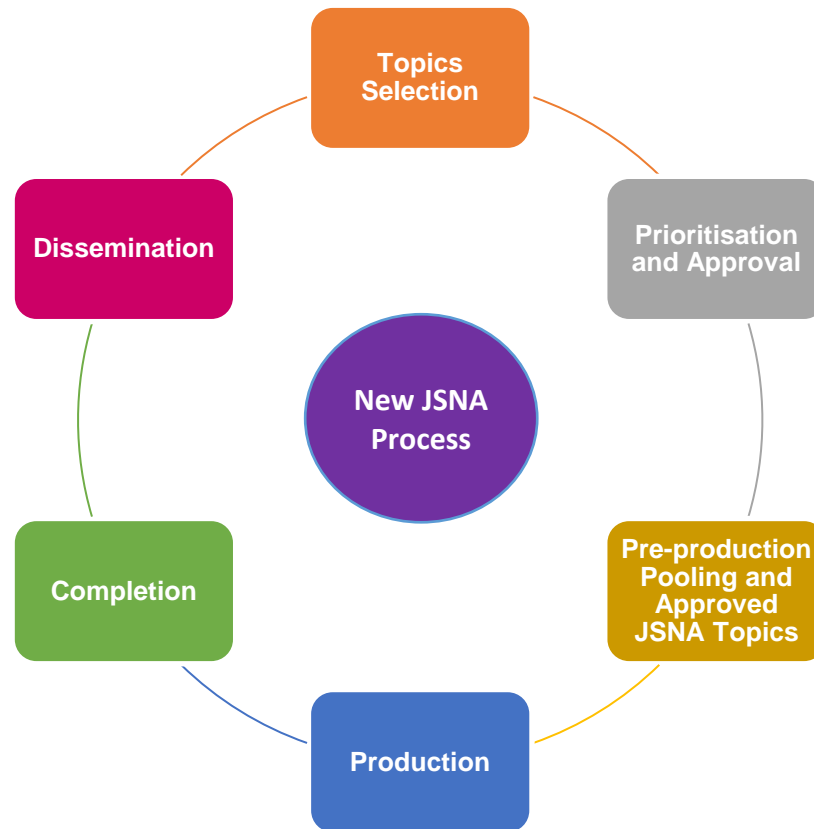
4. **Production** – Based on the resources agreed at the approval, the nominee of the relevant JSNA topic will be asked to form a JSNA topic task and finish group which would include as a minimum a SRO (Senior Responsible Officer) from the JSNA Steering group and a member from the health intelligence team. The SRO is responsible for co-ordinating any strategic involvement from the relevant partners (e.g. data, service user surveys, interviews, policies etc.) and the health intelligence team member is responsible for collating and analysing the required data and evidence. An initial scoping document is written with agreed milestones, clearly defined specifications and roles identified. This document would be signed off by the SRO before commencing the production. Any issues would be raised with the SRO and resolved before commencement.
5. **Completion** – Once the JSNA topic is completed and approved by the SRO, it will be submitted to the JSNA steering group for approval. The JSNA steering group reviews it and either recommends it for sign off by the Health & Wellbeing Board, or provides feedback on any changes required by the task and finish group. Once the JSNA steering group is satisfied, it will recommend the JSNA topic for sign off by the Board.
6. **Dissemination** – Once approved by the Health & Wellbeing Board, the Public Health intelligence team will publish the JSNA topic to the website. The final task of the task and finish group will be to advise the health intelligence team on the most appropriate communication channels and support it to disseminate web link to the completed JSNA topic.

The Process for Refreshing JSNA Topics

It will not be possible to routinely refresh every JSNA topic. It is proposed that after a JSNA topic has been published for 3 years, the JSNA steering group reviews it and decides whether to refresh it or move it to an archive section of the website. The JSNA Steering group will need to consider the available resources and an SRO from the group would be allocated to oversee the refresh. After this point, the process would be same as for the new JSNA topic process discussed above.

JSNA Catalogue: The JSNA catalogue will provide a comprehensive list of previous JSNAs and JSNA refreshes in the last 5 years, the new JSNAs and JSNA refreshes in the pipeline. The list will include the publication dates, due dates for refresh, contact details of the leads etc. The list will be reviewed every year.

Appendix A: JSNA Process



- Tools**
- Registration Module
 - Topic Selection Surveys
 - Prioritisation Matrix
 - JSNA Template
 - Gantt Charts x 2 (Process & Product)
 - Performance Dashboard

Appendix B: JSNA Topic Suggestion Form

This form is aimed at gathering requests for JSNA topics. This would enable the JSNA Steering Group to understand the nature of and rationale for the request, and would allow the group to score nominated topics against a prioritisation Matrix (to be developed). The JSNA steering group can contact the requestor if it needs any additional information. Users will be able to access, fill in and submit the form online.

Questions

1. What is your chosen topic of Interest?
2. Does the topic relate to any local or national strategies/Priorities?
(Please mention any links to the strategy document and kindly explain how the proposed strategy helps your strategy or influence commissioning decision)
3. Do you have sufficient data and evidence that you can provide, and are there any known data/evidence gaps that will need to be addressed as part of the JSNA?
4. Will your chosen topic help to reduce inequalities? If so please explain?
5. Will your chosen topic help to achieve efficiencies in the local health and care economy? If so please explain?
6. Will your chosen topic help in improving health and wellbeing outcomes in the borough? If so please explain?
7. Does your topic require community engagement i.e surveys, focus groups, interviews? If so please describe what you think will be required, and indicate what support you can provide.
8. What kind of resources and skill mix is required in your opinion and how much of that can your team contribute?



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Appendix C: JSNA Template

A good JSNA should be able to provide answers to the following questions:

What do we know?

Sub-Section heading
Facts and figures?
What are the key inequalities?
Targets and performance?
National and local strategies?
What works?
Current activities and services?
Local views?

What is this telling us?

What are the key gaps in knowledge and/or services?
What is coming on the horizon?
What should we be doing next? - JSNA Topic Action Plan