

Wirral

Joint Strategic Needs Assessment

Evaluation 2012-2013

Executive Summary

March 2013

Lindsey Gaskin Dodd, NHS Wirral R&D team &

Rachael Musgrave, Specialty Registrar in Public Health

Executive Summary

Introduction

In October 2012 an evaluation framework for the evaluation of the Wirral Joint Strategic Needs Assessment (JSNA) was submitted for approval to the JSNA Executive Group. Following approval, the evaluation commenced in November 2012 and was completed in March 2013.

The evaluation was constructed around **four main themes**, which aimed to cover evaluation of impact of the resource and quality of the process:

- The JSNA as a catalyst;
- The JSNA as a shared resource;
- The JSNA as a source of information and
- The JSNA as a sustainable process.

Methodology

The evaluation comprised:

- A desk based research exercise which incorporated:
 - Review of use of and reference to JSNA information in local plans and strategies;
 - Review of engagement activity undertaken by the JSNA team;
 - Review of update and refresh processes for JSNA information; and
 - Review of the JSNA against the priorities in the public health outcomes framework.
- A Stakeholder Survey
- Stakeholder Interviews

Evaluation findings

Desk based Research

Website **usage statistics** from Google Analytics show good usage of the site by both new and returning visitors. Wirral Council was found to be the source of most visits (32%) followed by NHS Wirral (17%).

In terms of how professionals from key organisations are using the resource and whether they are using it as a tool to make commissioning decisions, an **interview** with the JSNA programme manager and findings from a **tracking exercise** carried out to explore partner's use of the JSNA in their planning processes, both revealed that there is only anecdotal evidence of this as there is limited evidence of this in specific plans and strategies.

The **audit of local plans and strategies** showed that the majority of the websites, when searched using the search facility for 'JSNA' and 'Joint Strategic Needs Assessment' contained only limited links or references to the JSNA website.

Very few actual strategies and plans of key partners were found to explicitly reference the JSNA. The NHS Wirral site contained the most documents that specifically referred to the JSNA (including the Pharmaceutical Needs Assessment, the JSNA in the Wirral Strategic Plan 2010-2013 Refresh, the Older People's Mental Health Strategy 2009 and beyond, the Health Inequalities Plan, the NHS Wirral Operational Plan 2010/2011 and the NHS Wirral Sustainable communities Strategy). The Wirral.gov.uk, the Wirral University Teaching Hospital (NHSFT) site and the Clatterbridge Cancer Centre NHS Trust site each contained one document that referenced the JSNA. The Wirral Clinical Commissioning group (CCG) site, the Cheshire, Warrington and Wirral Commissioning Support Service site, the Cheshire & Wirral Partnership (CWP) site and the Wirral Community NHS Trust site do not have any documents of plans that refer to the JSNA.(As at January 2013)

A **review of engagement activity, across the partnership in relation to the JSNA**, was also undertaken by the JSNA Team. The JSNA Programme Manager outlined the engagement activity undertaken so far which has included: the development of a JSNA engagement group, a bulletin providing updates and key information, a survey of key issues, various adhoc workshops, meetings and presentations and adhoc questions through bulletins consulting upon presentation, content, ideas for improvements and quality checking.

Engaging with all stakeholders was considered important by the local JSNA Executive Group in order that the JSNA process should provide local involvement. However, there was a general concern from the JSNA programme lead that the local population may not be as engaged as they could be and a Joint Strategic Needs Assessment, as a topic or resource, cannot easily be promoted with people in terms of the JSNA purpose and/or its content. Despite this, response to the Key Issues Survey (2012) was high and similarly, an engagement event 'Health & Wellbeing: What's Important to you?' (July 2012) held by VCAW for Wirral residents to have their say on future health priorities was well attended and received.

In order to **review the JSNA processes**, an interview was held with the JSNA Programme lead which aimed to explore the processes in place around the reviewing and updating of the JSNA and the sustainability of the resource. It was explained that chapters are updated by members of the Public Health Intelligence Team and external co-authors. Data is updated and then new information is reviewed as part of the refresh process. It was explained that there is a review process which

involves a person who undertakes the review of the content, or a completer, and a checker who reflects on the new draft content produced by the completer to suggest amendments and any changes. The aim is for the JSNA to be a 'living document', which is consistently reviewed and updated where new data is available. Any changes that are made are publicised on the JSNA website and subscribers are informed via the JSNA bulletin which describes and directs them to new information.

It was felt that there is a significant amount of work necessary to chase people who are tasked, given their subject knowledge and awareness of JSNA, to consider the new content, otherwise known as reviewers and co-authors as well as checkers to fulfil the review and update process. There is currently a significant amount of human resource dedicated to the production of the JSNA, including the JSNA programme lead and members of the Public Health Intelligence Team. However, this was not considered excessive for such a resource and was felt to be sustainable.

The JSNA was also reviewed against the priorities in the **Public Health Outcomes Framework**. In an interview, the JSNA Programme Manager explained that the JSNA aims to reflect the priorities outlined in the Public Health Outcomes Framework (PHOF). There are Public Health Outcomes Framework atlases on the JSNA website and there is a process currently underway whereby the JSNA information is being checked to ensure that it is aligned to the PHOF, and that there are no gaps.

The current JSNA (Accessed March 2013) content migrates well to the PHOF either via the narrative JSNA or supplementary information available on the JSNA website. This includes an Instant Atlas PHOF dashboard which summarises Wirral's current position against each indicator. There are however some gaps, and the information is scattered throughout the narrative JSNA and the website.

Stakeholder Survey

An online survey with stakeholders was carried out to assess use and awareness of the JSNA and establish preferences for improvements. A link to the survey was sent out in early December 2012 to 368 of the 770 people registered on the JSNA bulletin list and the survey was also made available on the JSNA website. 168 surveys were completed during the survey period December 2012 and February 2013.

Nearly half of respondents (49.4%) were members of the public, a third (32.1%) were involved or working in the public sector and 11.9% were involved or working in the community and voluntary sector.

Survey respondents were asked about how the JSNA is used and its use as an **effective tool for informing local decision making**. High proportions of respondents agreed that the JSNA informs local strategy and decision making (76%), underpins and supports local plans and strategies (74.4%), informs prioritisation and more efficient use of public resources (64%) and has provided added value to existing processes of planning and prioritisation (59.2%). A similar high proportion (72.8%) agreed that the JSNA identifies where health inequality exists and highlights where intervention is required. Correspondingly, some of the comments made in this section reiterated that the JSNA does underpin decisions making and helps to identify inequalities. However, some of the comments made by stakeholders indicated that there is a lack of understanding and awareness of the JSNA and some were unsure if the JSNA impacts decision making.

A third of respondents said there is a process within their organisation by which JSNA intelligence is used (e.g. with regard to commissioning priorities). Positively, these included using the JSNA to inform priorities/decision making/target services, to 'officially' demonstrate the evidence of need and in service planning/devising strategy. Furthermore, when asked about other ways in which the JSNA is used locally, encouragingly, respondents made comments about using the JSNA to inform service provision and predict trends, highlight the strategic need to focus activity, to support work in reducing health inequalities and use by commissioners to inform commissioning/service developments.

Survey respondents were also asked about the **JSNA as a shared resource** for all local stakeholders. There was a mixed response towards levels of awareness of the JSNA. Although roughly half of respondents agreed that all key commissioners and decision makers are aware of the JSNA process and resource and the JSNA has encouraged a shared culture and strengthened partnerships across organisations, the remaining half either disagreed or 'neither agreed nor disagreed' that this was the case.

Furthermore, while the vast majority of respondents agreed that it is important for the public to have access to information to help them understand the rationale for decisions about their local area, a high proportion (66%) disagreed that the general public of Wirral actually are aware of the JSNA as an information resource, suggesting that there is a need to raise awareness with this group.

Indeed, over half of the additional comments given in this section also related to the public's lack of awareness and knowledge of the JSNA and the fact that engagement with the public needs to be improved.

When asked about engagement with the JSNA, two fifths of respondents agreed that the views of all relevant partners have been considered and included in the development of the JSNA and a third agreed that there is a high level of engagement with the JSNA by commissioners and stakeholders across different organisations. However, corresponding proportions disagreed or 'neither agreed nor disagreed' that this is the case.

In terms of adequate community engagement in the development of the JSNA, not only did nearly a third of respondents disagree that this was the case, but nearly half said they 'neither agreed nor disagreed', suggesting that there was a lack of awareness of community engagement. Also there was only limited agreement (31%) that the JSNA has encouraged engagement between commissioners and the Wirral population.

Survey respondents were also asked about the information provided in the JSNA and use of the **JSNA as a source of information**.

A high proportion (72%) of respondents agreed that the JSNA is a comprehensive picture of health and wellbeing need in Wirral, it is accessible and easy to understand, a comprehensive and timely source of information and the content of the JSNA includes the key issues for Wirral.

Approximately half of respondents agreed that the JSNA information is presented in an appropriate format for all its target audiences and the JSNA is presented in a way that enables commissioners to identify the required actions arising from it. However, the remaining half of respondents either disagreed or 'neither agreed nor disagreed' that this is the case and furthermore, a number of additional comments made included reference to lack of public knowledge about JSNA and the Wirral JSNA being too jargonistic/more for professionals.

When asked which components of the JSNA respondents found most useful; information about wellbeing and health needs/inequalities, general information about Wirral and data, were the topics most often reported.

Survey respondents were also asked about the review process for the JSNA and the **sustainability of the JSNA**.

While over two thirds of respondents agreed that the data provided is up to date and updated regularly, over half were unaware of the process that is in place for the review and update of the JSNA. Furthermore only a third agreed that there is sufficient resource dedicated to the capture and provision of JSNA information.

Over half agreed that there is a clear link between the information in the JSNA and the priorities of the Health and Wellbeing Board (HWBB). However, the remaining half was unsure and a number of additional comments were made about lack of information/understanding of the HWBB and its priorities.

Finally, respondents were asked if they would like to make any further comments to assist in the ongoing development of the JSNA. The suggestions were grouped into the following categories:

- Improve communication & consultation with service users/more user friendly/less bureaucratic
- Continue current engagement/more presentations.
- Raise public awareness/more publicity/promotion of resource by commissioners who use it.
- More user friendly/less jargon like name.
- Challenge the data to ensure inclusivity.
- Encourage increased internet use.
- Demonstrate results of consultation to encourage continued participation.

Stakeholder Interviews

Interviews were undertaken with key strategic commissioners to explore in more detail how the JSNA has been applied and its impact. The 45 minute semi structured interviews were conducted between January and March 2013 by a member of the R&D team and a Specialty Registrar in Public Health and covered the four key evaluation theme areas.

In terms of **the JSNA as a catalyst** to local strategy and decision making, interviewees unanimously reported the value of the JSNA to improve outcomes for the local population. Despite this, it was also acknowledged that all organisations could be using the JSNA more than they currently do.

Although recognised as critical to informing effective and efficient decision making, commissioning and planning, most organisations reported using the JSNA on an ad hoc basis to provide leverage to support funding applications and business plans and or to justify performance to commissioners.

There is some evidence of the JSNA in local strategy, however this is limited. Interviewees reported that the process for using the JSNA was currently informal and formally integrating the JSNA into strategic and operational strategy, aspirational.

In relation to **the JSNA as a shared resource**, interviewees universally and primarily perceived the resource to be a 'health' product "owned" by Public Health. Furthermore, instability and uncertainty caused by the changing landscape of the NHS was believed to have internalised organisations and been detrimental to joint commissioning. Despite this, the JSNA was perceived to be a potential conduit to improving partnership working and, as organisations stabilise and embed, interviewees felt that the JSNA would become increasingly important in facilitating joint working.

Interviewees generally thought that, with the exception of the wider population, most partners are engaged with the JSNA process and that awareness of the JSNA had increased following the appointment of a designated JSNA lead. Similarly, respondents who had received awareness raising presentations on the JSNA had found these to be most useful in terms of highlighting the key local issues and raising awareness of the JSNA as a tool. Although several respondents thought that training for staff on how to use the JSNA and what it could do would enhance knowledge about local needs.

Specific groups were mentioned as requiring further specific input to raise awareness or more adequately engage, namely, the public, the voluntary and community sector and, frontline staff, who, it was thought, considered the JSNA an "*abstract tool*".

Generally, the Health & Wellbeing Board was seen as the ideal 'home' for the JSNA, with the Board in a position to drive JSNA based, and integrated, commissioning.

As **a source of information** there was unanimous agreement that the JSNA was extremely useful, user friendly, robust and well presented. All interviewees did however report that they felt there was a lot of information contained within the JSNA making it "unwieldy", "difficult to navigate" and with the potential to "get lost in lots of data". However, there was a lack of clarity about what the JSNA should contain and converse to the above, interviewees also expressed a desire for more information, but tailored to their organisation's needs.

The title 'JSNA' was thought to be too abstract and irrelevant to most people, especially members of the public and respondents perceived that changing the outward facing name would increase accessibility and usability. Furthermore, training needs were consistently identified to develop skills around how to use the JSNA and what for.

In terms of **the JSNA as a sustainable process**, interviewees believed that an annual refresh was ideal and would provide an opportunity for organisations to take stock, contribute to the JSNA and adjust and develop plans as required.

However, there was a lack of clarity about whose responsibility the JSNA is, specifically the intelligence included and where it comes from and about the process for creating, inputting and developing the JSNA. This validates the perception that the JSNA is owned by Public Health and not something that is co-produced amongst partners. This is critical to the long term sustainability of the JSNA.

Conclusions & Recommendations

The findings of the evaluation were reviewed against the original evaluation questions defined in the evaluation framework.

Theme 1: JSNA as a catalyst for decision making

Overall, the findings demonstrate that there is a general perception that the JSNA is utilised by local decision makers in the commissioning process, to plan and prioritise. However, there is limited evidence of this in the form of documented JSNA evidence referenced in strategic documents.

Recommendations:

- Encourage partners to utilise JSNA evidence and raise awareness of the content of the JSNA and how the evidence can be used to best effect in the commissioning process.
- Training around use of evidence and appropriate referencing.
- More work to raise awareness and knowledge levels of the public in terms of what the JSNA is/can/could be used for.

Theme 2: JSNA as a shared resource

Overall, the findings demonstrate conflicting evidence of levels of awareness and engagement with key groups, particularly the public. While engagement activity has been undertaken and is ongoing, there also appears to be a significant number of people who do not feel adequately engaged. Generally the JSNA is not seen as a 'shared resource' by partner organisations and other stakeholders but a public health generated information tool.

Recommendations:

- Increase awareness of the JSNA for public as well as key commissioners and decision makers.
- Seek to understand the opinion of those who do not feel their views have been considered and included in the JSNA's development and actively engage them from this point forward.
- Improve engagement with all groups but continue current engagement efforts and methods as they have been commended.
- Foster a sense of 'shared ownership' of JSNA.

Theme 3 JSNA as a source of information

Overall, the findings demonstrate that although there is a perception that the resource is comprehensive and accessible, there was mixed opinion as to whether the JSNA information is appropriately targeted at all its relevant audiences or presented in a way that enables commissioners to identify the required actions arising from it.

Recommendations:

- Define the boundaries of the JSNA to avoid the resource being 'unwieldy'.

- Ensure the JSNA is presented in a manner that is appropriate for all audiences.
- Ensure data is presented in a way that enables commissioners to identify the required actions arising from it.
- Review and consider the feasibility of suggested improvements given.
- Continue to review JSNA against the Public Health Outcomes Framework (PHOF) and work with partners to ensure it continues to reflect priorities.

Theme 4 JSNA as a sustainable process

Overall, the findings demonstrate a potential disparity between perceptions of the review and validation of JSNA evidence and actual understanding of the processes to ensure this.

Recommendations:

- More engagement with stakeholders as to the review and update process.
- Continue to inform stakeholders of updates to the JSNA.
- Review staffing levels required to ensure that the level of input required is sustainable.
- Encourage JSNA Executive group to take a partnership approach to the resourcing of the JSNA.
- Increase awareness and understanding about the priorities of the Health and Wellbeing Board and the link between them and the information in the JSNA.

Further details

[The full JSNA Evaluation report can be viewed via this link](#)

The appendices for the full evaluation can be viewed via these links below:

- [Appendix A](#)
- [Appendix B](#)
- [Appendix C](#)

For further details, obtain a paper copy, or to discuss the evaluation report please contact John Highton. JSNA Programme Lead on 0151 666 5151 or at johnhighton@wirral.gov.uk

References

1. Joint Strategic Needs Assessment: A springboard for action

Local Government Improvement and Development Healthy Communities Programme (April 2011)

2. North West regional review and commentary on progress made with JSNAs and JHWSs

Transition Alliance (December 2012)

3. Improving outcomes and supporting transparency: Part 1: A public health outcomes framework for England, 2013-2016.

Department of Health (January 2012)

4. The Operating Framework for the NHS in England 2012-13

Department of Health (November 2011)

5. Choosing Health

Department of Health (November 2004)

6. Wirral JSNA

<http://info.wirral.nhs.uk/ourjsna/>

NHS Wirral (December 2012 – accessed March 2013)

7. The Public Health White Paper, *Healthy Lives, Healthy People*

Department of Health (November 2010)