

JSNA Executive Group

Report for responses to the JSNA Key issues Questionnaire – August 2012

1.0 Introduction

1.1 This report summarises the responses from the review of content from the JSNA key issues questionnaire as at 22nd August 2012. The report also provides qualitative information derived from the JSNA Key Issues engagement process.

2.0 Background

2.1 Wirral's Joint Strategic Needs Assessment (JSNA) is expected to play a significant supporting role in the development of the areas Joint Health & Wellbeing Strategy for the Health and Wellbeing Board. A process of reviewing and refreshing the content in the JSNA continues in order to provide the most relevant information for the board to consider. The key issues contained in the JSNA have been subject to consideration by a wider audience in order to consider how they resonant with residents and across sectors.

2.2 The online JSNA Key Issues Questionnaire (through Survey Monkey) was introduced in April 2012 through the JSNA website, JSNA bulletins and through a variety of partner contact networks to reach a wide number of Wirral residents including the Council online Engagement database group. A limited number of paper versions were circulated to some residents at their request.

2.3 It was designed to provide the JSNA Executive Group and Health & Wellbeing Board with additional public views and perceptions of the key health and wellbeing issues for Wirral.

3.0 Results

3.1 As at Tuesday 22nd August 2012 there had been 578 questionnaires started

3.2 There was high numbers of respondents from memebtrs of the public as 51.1% and those involved in the public sector as 41.4% with other respondent's representing voluntary, community and faith sectors as stated in Chart 1.

3.3 The outcomes provide an overview of those health and wellbeing issues considered most important to Wirral residents.

3.4 In general the responses are supportive of the JSNA key issues as they were stated and also the process undertaken to reach this point.

3.5 Charts 2, 3 and 4 describe the responses to the process and production of the JSNA content and key issues summary. These are generally very positive and highlight aspects that require further development to improve residnts access to the JSNA content.

3.7 Charts 5, 6 and 7 highlight the reponses to the key questions as to whether the JSNA reflects the health and wellbeing issues of the population, are there other issues to be considered by the Health and Wellbeing Board and if any should be a priority. The key

issues highlighted in the JSNA generally seem to be those expressed by respondents with over 75% expressing their agreement. Also there were a small number of other key issues suggested by respondents (34%) with over 57% suggesting some should be prioritised.

3.8 Tables 1 and 2 provide a qualitative summary of the responses received to the questions posed as to those 'additional key issues' and 'any priority to any of the key issues'

Chart 1. Groups responding to JSNA Survey

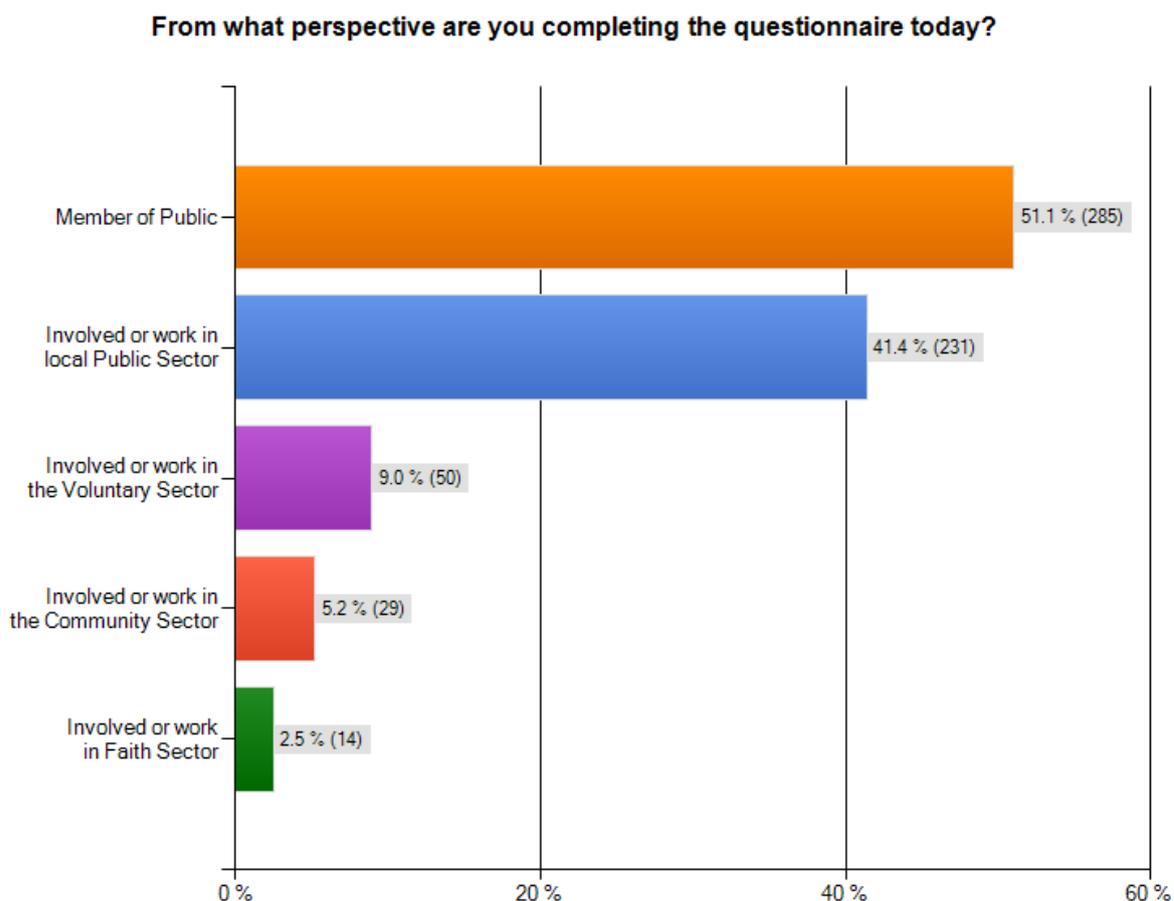


Chart 2. Response to presentation of JSNA content

The numbers supporting the view that the JSNA content was presented in a clearly understandable way was over 72%. (n-265)

Do you find the JSNA content is presented in a clearly understandable way?

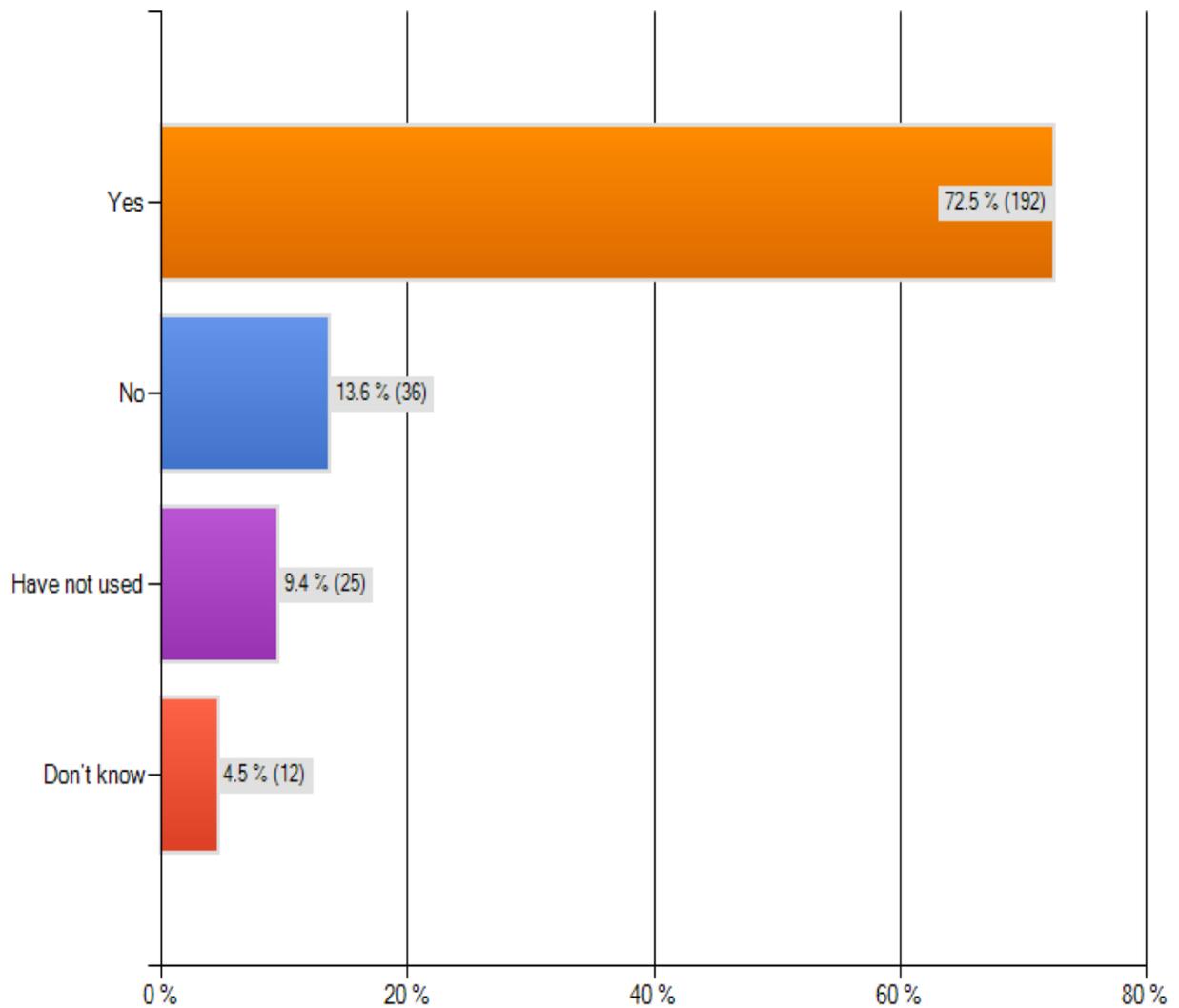


Chart 3. Responses to quality of JSNA evidence

The proportion of people agreeing that the key issues were well evidenced was over 78% (n-265).

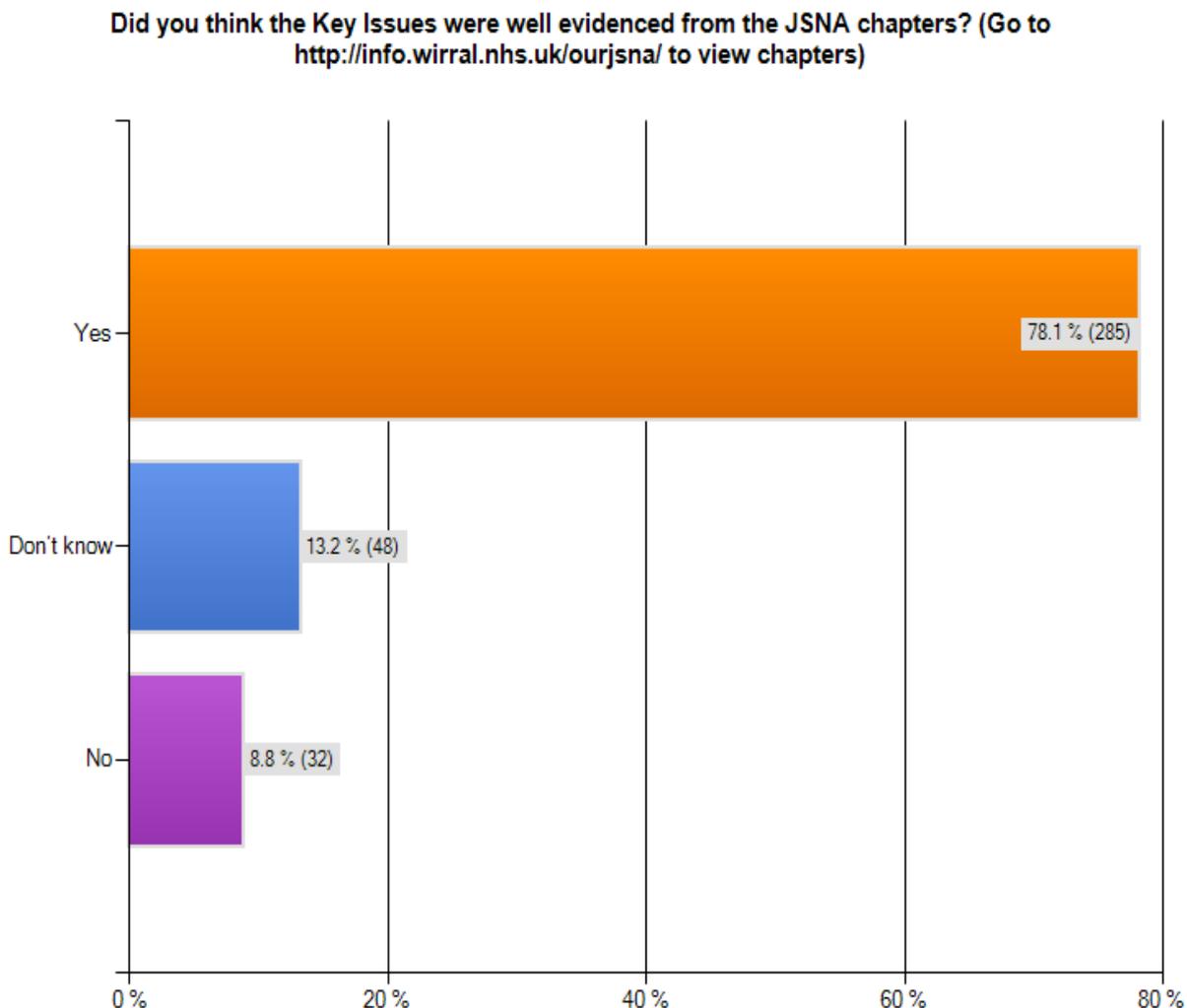


Chart 4. Response to JSNA accessibility

The response to the question, 'is this JSNA content accessible', was 64% that is good but highlights additional work we need to complete and have planned to improve this aspect (n-265).

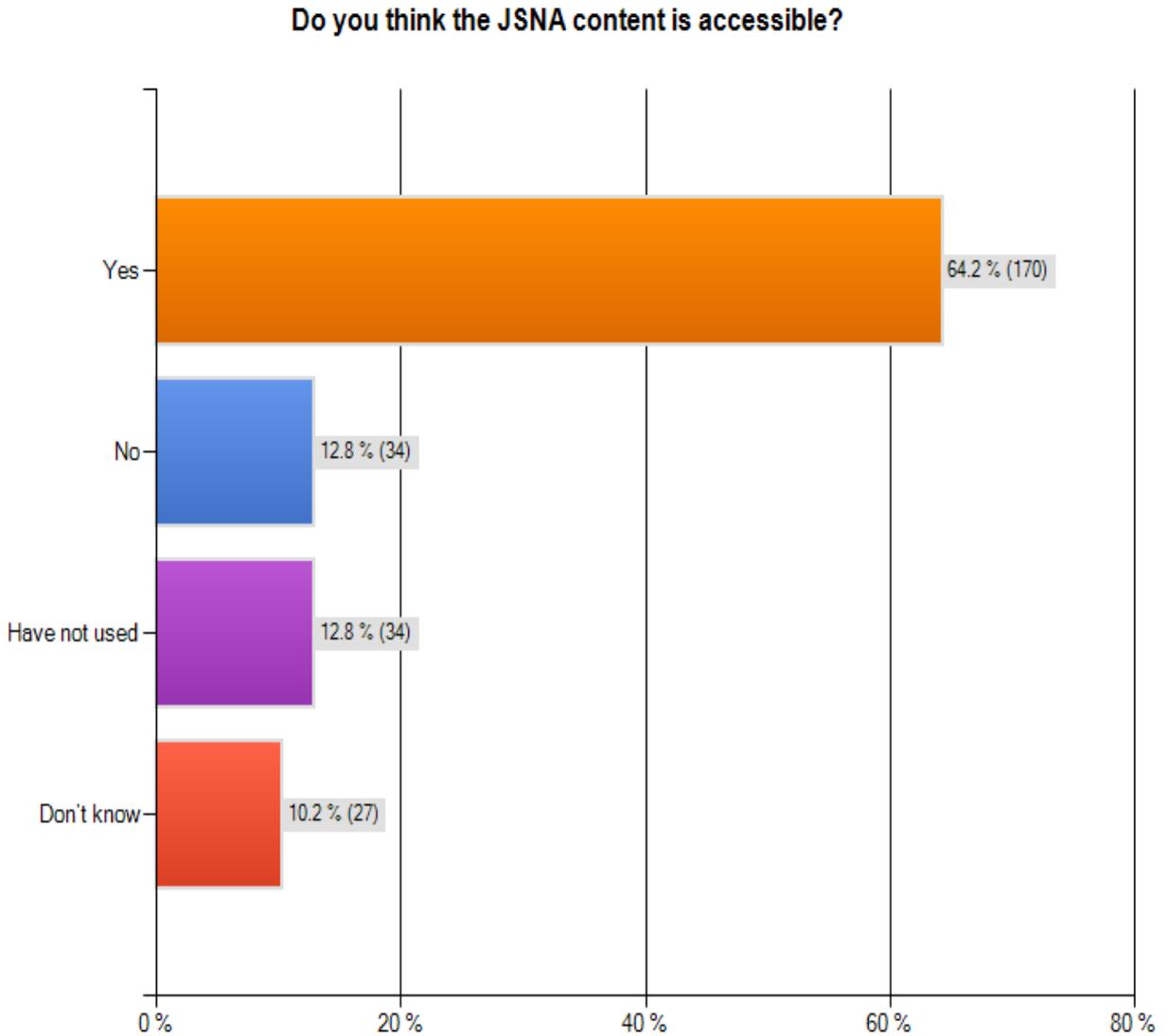


Chart 5. Responses to JSNA capturing Wirrals health and wellbeing issues

Chart 5 summarises the responses to a key question for the JSNA Executive Group and Wirral Health and Wellbeing Board. When asked if the JSNA key issues capture Wirral’s key health and wellbeing issues, 75% of respondents agreed that the key issues had been captured with only 13% suggesting they did not (*n*-365).

Do you think the JSNA Key Issues Summary report captures the health and wellbeing needs of Wirral people?

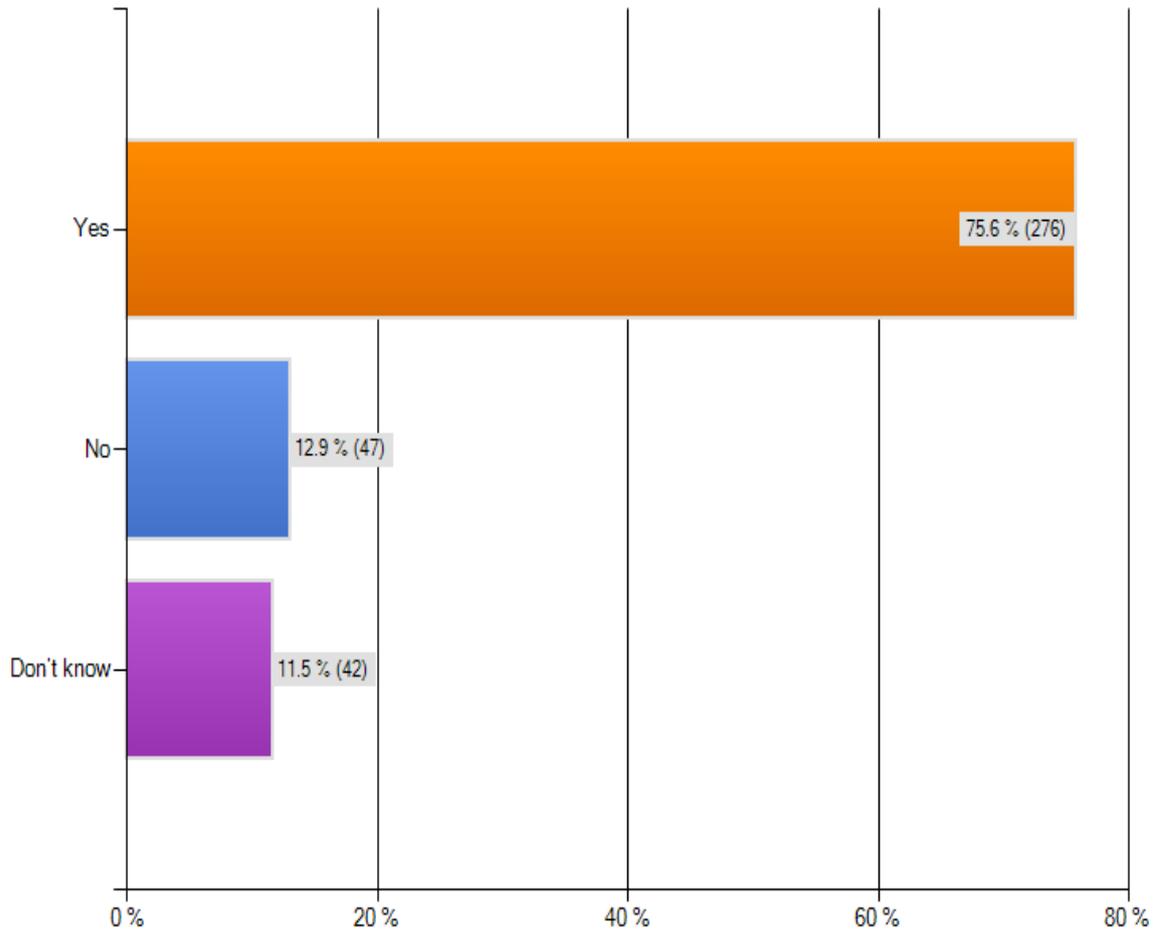


Chart 6. Response to possibility of other key issues

Chart 6 below suggests that respondents believe that there remain other key issues for the Health and Wellbeing Board to consider (34%). Others equally do not feel there are additional key issues which is much lower that the agreement levels noted in Chart 5 (33.7%). However there are significant numbers of respondents who are not sure if there are other key issues to be included (32.1%). This slightly uncertain picture could require further consideration to ensure any potential issues are understood and actions taken (n=365).

The respondents were asked to suggest these other possible key issues and they are expressed in Table 1.

Do you think there are other key issues which are not currently included, but should be?

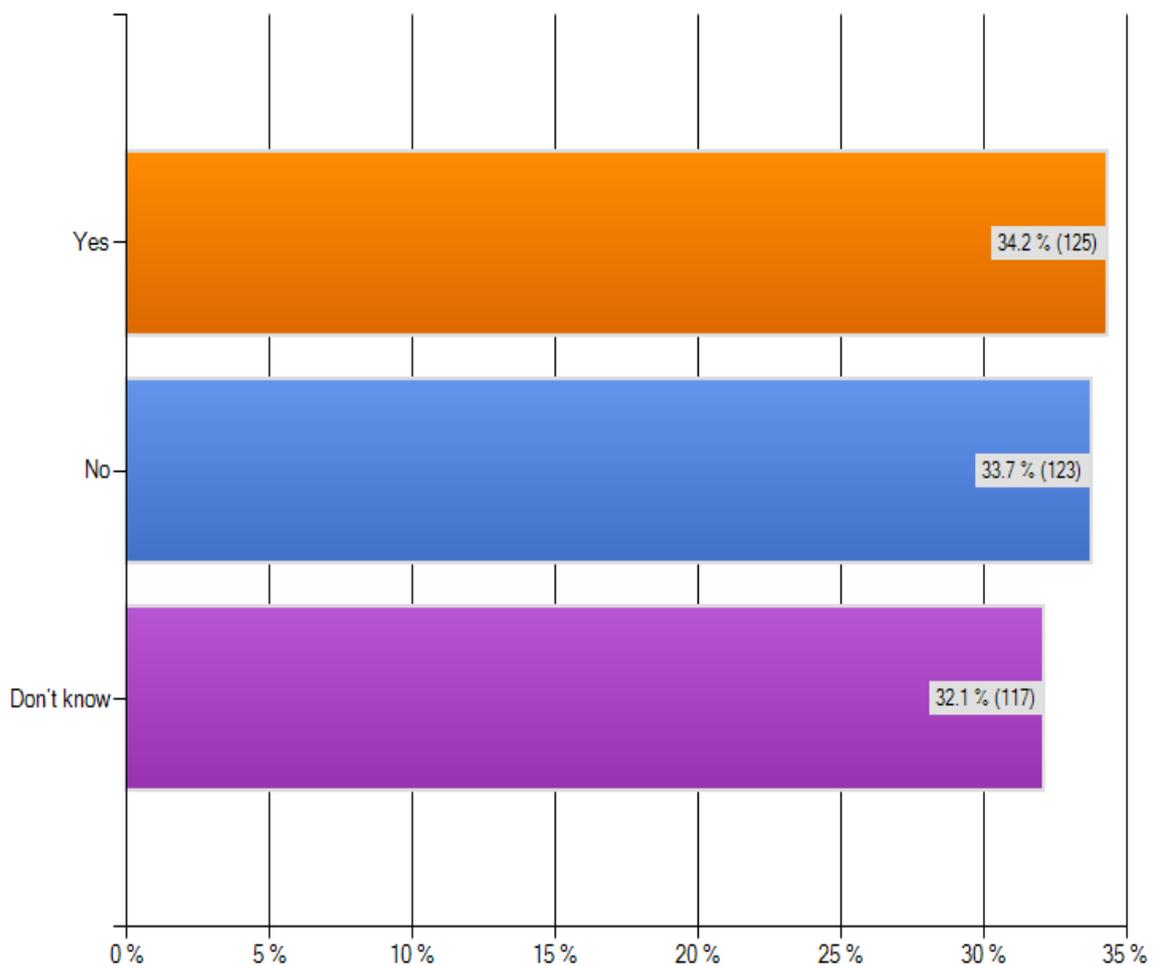
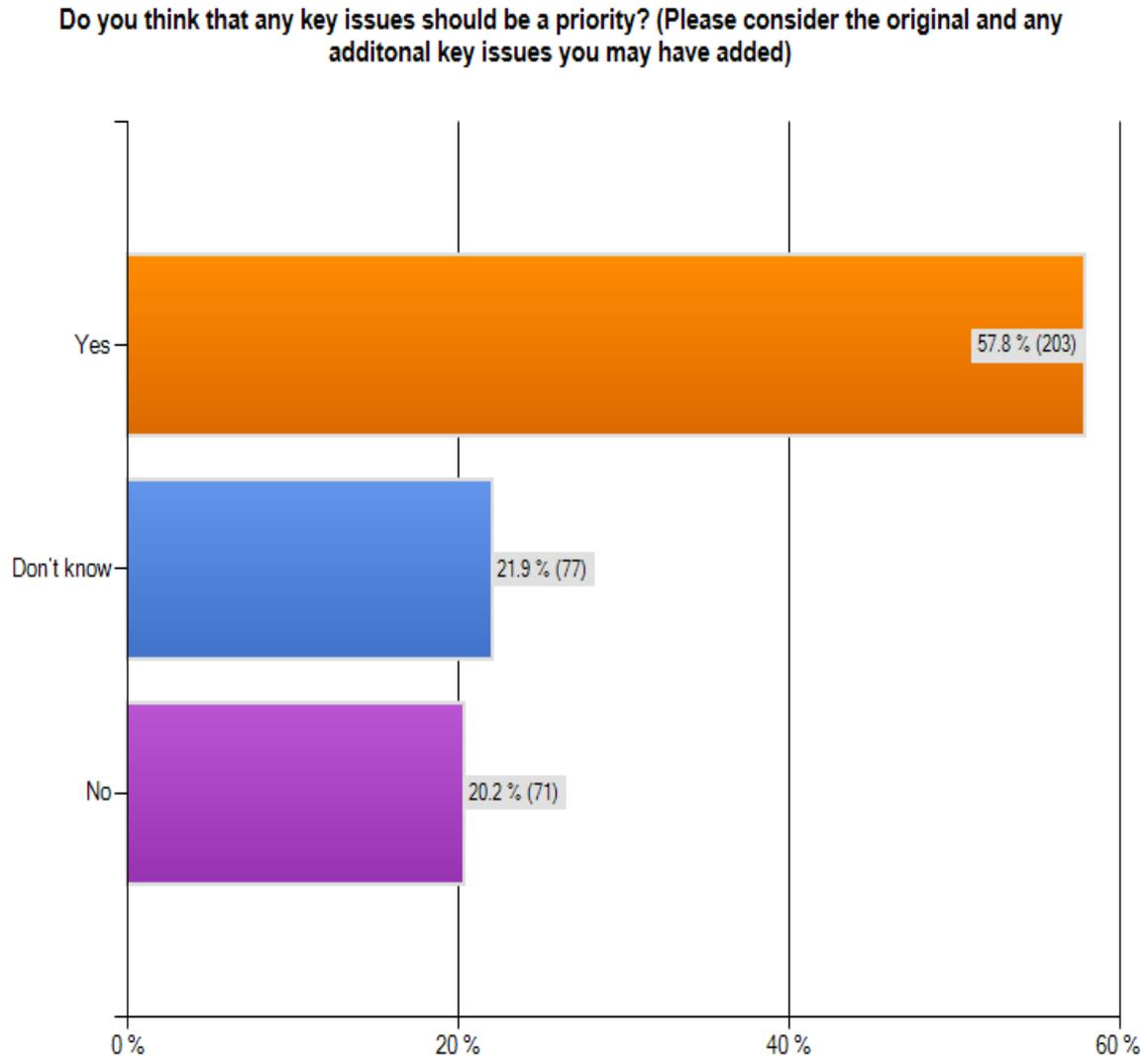


Chart 7. Response to prioritising any key issues

Chart 7 describes the responses from respondents when asked to consider if any key issues should be a priority over others. The percentage of respondents believing there should be some prioritisation was 57% with only 20% disagreeing with any prioritisation process. Though a significant number, 22% were uncertain for the need for any such prioritisation ($n = 351$).



4 Qualitative responses

- 4.1 A number of questions in the survey sought the views and perceptions of respondents. This provides a range of other content that should be included in the final report. In tables 1 and 2 reflect the answers to the two key questions on 'additional key issues' and 'potential priority subjects'.
- 4.2 The additional key issues reported in many cases appear in the JSNA but may not have been recognised or seen by the respondent, or were considered as different to their presentation in the JSNA.

(Tables 1 and 2 are a summary of the information provided with frequency of their reporting by respondents).

Table 1. Responses to new key issues and any priority

What are these additional key issues?
Mental Health (Services, support and in Children & YP) (Depression, Stress, Population Groups affected)(14)
Education (9 in total) (7) – on drugs & alcohol in schools, on parenting, truancy as a failure, sexual health, system with (2) Education on diabetes and medical conditions
Alcohol - under 18, use, availability, price, outcomes of alcohol abuse such as policing consequences (7)
Employment/Unemployment with greater attention to employment creation and education (7)
Concerns with public sector service provision (7)
Obesity (6)
General support for public across health & social issues (5)
Parenting and early intervention (5)
Social Isolation and Vulnerability (5)
Family issues/support including deprivation (5)
Disability (wider than LD content relates to long term conditions) (5)
Drugs (4) abuse and resulting family issues
Older people their care, safety and provision of services (4)
Access to safe open space/Environment/sports facilities (4)
Oral Health (3)
Eye Health (Macular disease, sight loss, sensory impairment) (3)

Table 2. Responses to prioritising any key issues identified

What key issues should be a priority?
Alcohol - related disease, misuse and education, children, adults, its promotion, education, related worklessness, over availability & DV relationship (55)
Ageing Population , Older People and Elderly Care and needs being met (48)
Mental Health (35)* (42 with dementia)
Poverty and its links to children, fuel, families, debt, mental health, fuel (+cold homes, heating) and wealth (25)
Lifetime Education variety of issues, sexual health, weight management, lifestyle, Young people, new parents, employment (24)
Housing – condition, elderly, homelessness (24)
Diet and Obesity – all ages (23)
Children and Young People including mental health and obesity, support and specific conditions (Autism/ASD) (20)
Carers (20)
Health Inequalities (19)
Drugs Misuse , abuse and health consequences (18)
Unemployment, Employment and worklessness (13)
Long Term Conditions (particularly Diabetes and COPD) (10)
Dementia (10)*
Sexual Health (10)
Learning disabilities (8)
Teenage Pregnancy (8)
Diabetes (5)
Health and Wellbeing (5)

5 Other Survey Questions

- 5.1 Table 3 describes a selection of responses to the remaining survey questions related to:
- Do you have other ideas that could help to develop the JSNA in the future?
 - What additional ideas on uses or functions would you like to see included on the JSNA website?
 - How do you think we could engage others in the future development of the JSNA?
- 5.2 A wide range of suggestions and large number (over 500) were made and these have all been considered in the development of the JSNA in the future. The responses and actions taken as a consequence of this survey will also be reported back through networks to inform people of changes and outcomes as a result of their involvement. Table 3 has a range of examples of some of the responses and covers the entire 578 surveys undertaken so far (as at 22/08/12).

Table 3. Combined responses with ideas, suggestions and opportunities for the JSNA to develop

Selection of points of interest	Statements as recorded
Additional ideas – general	Less statistics and more proof of programs being implemented which offer practical, high-level professional help
Question posed in survey	Maybe showing changes that have been made to try and affect the issues
What additional ideas on uses or functions would you like to see included on the JSNA website?	A contents page for the beginning of each separate Chapter would be useful for the reader.
(Over 125 specific responses)	Specific area need to be disseminated to appropriate workforce e.g. health visitors are currently involved with children, and need to be informed about issues related to local children.
	Highlight how GP practices intend turning situations around, e.g. the CCG's priority list or such like. Inform public of intent. This should not be confined to the website
	Is there any way of linking different groups, for instance people with learning disabilities might have mental health problems or long term conditions.
	A key point for me is recognising that not everyone has internet access - how to engage people without the facility (who are often the people we most need to connect with) is also important.
	an update on actions being taken to meet the needs of the Wirral people i.e. new schemes and initiatives being promoted
	A clear indication of future health targets for each of the key areas.
	user feedback and contribution updates for each chapter should be identified without having to read the entire chapter again

<p>Additional ideas – JSNA</p> <p>Question posed in survey</p> <p>Do you have other ideas that could help to develop the JSNA in the future?</p> <p>(Over 185 specific responses)</p>	visiting a representative sample of voluntary organisations on the Wirral and running workshops
	Public involvement rather than health and social care professionals dictating what will happen
	As a partner I would be interested to offer to assist with any future development of the JSNA as I use data from the JSNA to ensure I am targeting some of MFRS resources towards vulnerable groups. The JSNA is a very useful site.
	How prevention measures in place have improved, if at all, statistics.
	Given the forthcoming transfer of public health responsibilities to the local authority it is a missed opportunity not to build those links with information specialists and staff with access to community research across council departments
	I would like to know who sits on the JSNA
	Continual public consultation post development to see how and if people feel their views have been used to shape the JSNA.
	Feedback on what has changed as a direct outcome of the JSNA.
	more engagement events i.e. through LINK or when LINK transitions to Local HealthWatch
	I was once upon a time a senior civil servant. These documents are fine for civil servants and a few of ministerial rank but not for others especially those that you are trying to reach!
	Gets someone working on the website who understands the principles of simple English.
	To be more of a part within Area Forums throughout the Wirral. Perhaps a rep to inform from time to time on the developing side of the JSNA.
	Those people who are following unhealthy life styles have to be engaged in this process. Community based forums, using local facilities to continually promote the benefits of a healthier life style.
<p>Additional ideas – Engagement</p> <p>Question posed in survey</p> <p>How do you think we could engage others in the future development of the JSNA?</p> <p>(Over 230 specific responses)</p>	Have a forum for discussion and examples
	A direct link between service redesign and future commissioning requirements is essential.
	Include leaflet with annual council tax bill. As a Wirral resident I had not heard of the JSNA.
	Clear explanation about how the JSNA can help professionals in their area of work - through website, leaflets, word of mouth etc.
	go to more people such as community groups needs more public views on need
	link to parenting classes run by voluntary groups
	Making general public more aware of the statistics of their local community with strategies to reduce / address the problems.
	Local papers, Facebook, Twitter
	It is difficult for some of us, like me, to attend meetings, but input by survey would be useful and I would feel I was contributing.
	ask service users at point of delivery what would make them change their behaviours / help them have a better life
Use the schools, colleges, community groups data bases to filter information or survey materials	

6 Next steps

- Provide report for Health and Wellbeing Board to consider in relation to the development of the first Joint Health and Wellbeing Strategy for Wirral.
- Consider actions from ideas, suggestions and implied opportunities incorporate into JSNA Workplan
- Create summary report in response to survey comments that can be circulated and promoted to highlight actions as a consequence of peoples involvement
- Circulate any specific points of interest to appropriate officers, colleagues and partners.

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August 2012