



Report of: Tony Cooke (Chief Officer, Health Partnerships) and Simon Foy (Head of Intelligence and Policy, Leeds City Council)

Report to: Leeds Health and Wellbeing Board

Date: 19th February 2018

Subject: Joint Strategic Assessment: more comprehensive approach to city-wide analysis

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

- The Health and Wellbeing Board has a statutory responsibility to produce a Joint Strategic Assessment (JSA) to inform the direction and effectiveness of the Health and Wellbeing Strategy. The JSA will assess how Leeds has progressed against the ambition set out in the Health and Wellbeing Strategy 2016-2021, reflect on the priorities outlined in the last JSNA and identify priorities for the future.
- We propose a forward-looking approach to the ownership, production and utilisation of the next JSA, considering the wider determinants of health and wellbeing and facilitating policy linkages across Best Council, NHS, Leeds Plan, West Yorkshire (NHS and Local Government), Best City and partner priorities, benchmarking Leeds' performance against our neighbours and other core cities. The analysis will combine quantitative and qualitative evidence to provide a rich intelligence at community and city-wide level. It will also outline inequalities and best practice in tackling these.
- This will give us an opportunity to understand to assess progress at the mid-point of the Health and Wellbeing Strategy and to use the analysis to set a clear future direction of travel that reflects our values as a City, prioritising our ambition to an inclusive and ambitious City that is the Best core City for Health and Wellbeing.

- We are keen to learn from good practice and innovation from elsewhere, e.g. the *Future Generations* approach in Cardiff and the *VitalsSigns* work in Berkshire.
- Strong ownership, input and commitment from all relevant partners is a key elements in ensuring JSAs have traction on the strategies they are aimed at influencing. It will be vital that the development of the JSA is grounded in elected member/clinical leader, third sector, partnership and community engagement.
- It will be vital that the JSA and the work that flows from it is accessible and widely communicated. A wide engagement around the data and analysis should help establish a single shared narrative across the partnership, supporting an open approach to continuing challenges and opportunities and to any adjustments to policy and practice.

Recommendations

The Health and Wellbeing Board is asked to:

- Endorse the change from a Joint Strategic Needs Assessment to a Joint Strategic Assessment, reflecting the 'working with' approach and reflecting strengths and assets based approach developed in communities and neighbourhoods
- Endorse the extension of the JSA to cover the wider determinants of health in line with the refreshed Health and Wellbeing Strategy/Leeds Plan, Best Council/Best City priorities (paragraphs 3.1-3.3)
- Actively support and contribute to a strong partnership approach to the JSA (paragraphs 3.6-3.10)
- Agree the establishment of a partnership task and finish group to drive the JSA (paragraphs 3.11)

1 Purpose of this report

- 1.1 This paper sets out proposals for a broader, forward-looking approach to the ownership, production and utilisation of the Joint Strategic (Needs) Assessment, which will consider the wider determinants of health and wellbeing and facilitate policy linkages across Best Council and Best City Priorities.

2 Background information

- 2.1 The Health and Social Care Act 2012 introduced a statutory responsibility for Health and Wellbeing Boards to commission Joint Strategic Needs Assessments (JSAs) which in-turn would form the analytical basis to inform the direction and effectiveness of Health and Wellbeing Strategies.
- 2.2 There has been significant flexibility in how JSNAs are produced. Many areas, reflecting the focus on strengths and assets already produce Joint Strategic Assessments, or use an altogether different term. The Welsh Government, after the passing of the Future Generations Act, uses this act to tie together a broad approach to health, wellbeing, environment and economy informed by a series of needs assessments.

3 Main issues

Context

- 3.1 The last JSA was undertaken in 2015, it was a development of earlier JSNAs, which focussed primarily on the core drivers of health and wellbeing. The JSNA 2015 sought to widen the analysis to incorporate the impact of deprivation and inequality, demographic change and patterns of housing quality and provision. It is proposed to build on this approach to further extend the JSA to cover the wider determinants of health, including:
- Inclusive Growth;
 - Education and Skills;
 - Safe and Strong communities (with a focus on localities, particularly our most disadvantaged communities);
 - Housing;
 - Environment, transport and green space
- 3.2 A wider, future-looking analysis also reflects the direction of travel in terms of the Best Council/Best City priorities. The refreshed 2018/19 Best Council Plan seeks to strengthen policy linkages across priorities and puts health and wellbeing, alongside inclusive growth, at the heart of our approach.
- 3.3 Given its statutory responsibility for the JSA, the Leeds Health and Wellbeing Board has been engaged about the next iteration of the process in a workshop session in January 2018. The HWB recommended that the JSA:
- Make best use of the city's excellent informatics and data capabilities to ensure the product of the JSA drive conversation and action.
 - Use existing data sets, for example Mental Health Needs Assessment.

- Take the opportunity to link with data sets developed for the Local Care Partnerships.
- Link quantitative and qualitative information, ensuring that the voices of our most vulnerable communities are heard.
- Make use of the city's asset-based philosophy and transition to a Joint Strategic Assessment.

Learning from others: Future Generations Wales

- 3.4 There is much we can learn and adopt as best practice from other parts of the UK; the Future Generations approach in Wales is just one example. The Well-being of Future Generations Act 2015 requires public bodies in Wales to think about the long-term impact of their decisions, to extend planning horizons and think longer term about the kind of region/City we might want to develop, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
- 3.5 Future Generations is a partnership based approach that sets a clear direction of travel rooted in a values based approach to planning across the life-course. It aligns an approach that develops opportunities for young people with understanding how best we can support older people to remain independent in communities for longer. It links planning, transport, environment with health, care and promotes creative and innovative responses to technology, economic development and education.

Our approach

- 3.6 The Health and Wellbeing Board champions the Leeds approach to 'working with', which has become central to the way we plan and deliver health and care in the city and the way that we engage and interact with our regional and national colleagues. This will be reflected in the JSA, ensuring it takes a partnership approach from the outset, looks at assets and needs and blends quantitative data with qualitative voice and experience of our communities.
- 3.7 We will analyse the key themes from the needs assessments that have been completed since the 2012 Leeds JSNA. This includes ones on 0-19 Years; Healthy Living; Men's health; Maternity; Pharmacy Needs; Suicide; Mental Health; NHS Health Check and home independence. We also want to embed the use of local profiles that have been developed for example at ward level, and at neighbourhood team level for frontline staff to use to drive service improvement and development
- 3.8 We propose that the JSA will reflect the central importance of place-based leadership and benchmarking Leeds' performance against our neighbours and other core cities. We are also keen to learn from good practice and innovation from elsewhere, for example the Future Generations and the VitalsSigns work in Berkshire which is a neighbourhood focused approach that identifies key priorities for each Berkshire neighbourhood and challenges inequalities from within a community focused approach to needs and assets.

- 3.9 Lessons from the production of previous JSNAs suggest that strong ownership, input and commitment from relevant partners a key elements in ensuring JSAs have traction on the strategies they are aimed at influencing. Therefore it is proposed that a task and finish group will be established from across the council and wider partnership to lead the production of the JSA.
- 3.10 Finally it will be vital that the JSA and the work that flows from it is accessible and widely communicated. The Leeds Observatory should provide the platform for dissemination and interaction, coupled with an effective approach to communicating with the public in plain English.

Next Steps

- 3.11 The first step is to establish the JSA task and finish group and set out the timescales for the production of the JSA. Detailed work will be required to scope-out the precise coverage and structure of the JSA, together with an initial audit of analysis that will contribute to the JSA. This will include developing steps of engagement and clarifying how qualitative/voice data from communities will be included.
- 3.12 We propose to return to the Health and Wellbeing Board in July with these initial stages completed. The overall aim will be to produce the JSA in autumn. There will be an ongoing process of JSA development – it will be an iterative, online document/process.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 This iteration of the JSA is just beginning. Given the statutory responsibility, the Health and Wellbeing Board (HWB) have been engaged at a workshop session in January 2018. This public meeting is the next stage of what will be regular and ongoing engagement with the HWB.
- 4.1.2 The JSA will combine quantitative and qualitative evidence, meaning that engagement and hearing citizen voice is integral to the process. The HWB will be kept cited with steps taken and future plans to engage with communities.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 By its very nature, the JSA process helps to identify inequalities and illustrate trends. This in turn can inform the design and delivery of our Leeds Health and Wellbeing Strategy, with the vision of improving the health of the poorest the fastest.
- 4.2.2 Regularly engaging the HWB throughout the process ensures that the Board's work plan can respond accordingly.

4.3 Resources and value for money

- 4.3.1 Building local intelligence strengthens our evidence base, making for better public policy and informing commissioning decisions.

4.4 Legal Implications, access to information and call In

4.4.1 There are no access to information and call-in implications arising from this report.

4.5 Risk management

4.5.1 Any implications will be escalated to the Board as required.

5 Conclusions

5.1 We propose a forward-looking approach to the ownership, production and utilisation of the next JSA, considering the wider determinants of health and wellbeing and facilitating policy linkages across Best Council, Best City and partner priorities, benchmarking Leeds' performance against our neighbours and other core cities.

5.2 This will give us an opportunity to understand to assess progress at the mid-point of the Health and Wellbeing Strategy and to use the analysis to set a clear future direction of travel that reflects our values as a City, prioritising our ambition to an inclusive and ambitious City that is the Best core City for Health and Wellbeing.

5.3 We are keen to learn from good practice and innovation from elsewhere, e.g. the Future Generations approach in Cardiff and the VitalsSigns work in Berkshire.

5.4 Strong ownership, input and commitment from all relevant partners is a key elements in ensuring JSAs have traction on the strategies they are aimed at influencing. It will be vital that the JSA and the work that flows from it is accessible and widely communicated.

5.5 The JSA will combine quantitative and qualitative evidence, meaning that engagement and hearing citizen voice is integral to the process. The HWB will be kept cited with steps taken and future plans to engage with communities.

6 Recommendations

The Health and Wellbeing Board is asked to:

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7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?

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Regularly engaging the HWB throughout the process ensures that the Board’s work plan can respond accordingly.

How does this help create a high quality health and care system?

The findings of the JSA process can be used to design and deliver more effective services, community led solutions, and to make improvements to the way the health and care system works together for people in Leeds. It is a fundamental evidence base for the Leeds Health and Wellbeing Strategy, which, in its current iteration, is well established and guides the work of the health and care system.

How does this help to have a financially sustainable health and care system?

The JSA process allows us to understand the needs in the city as well as the assets that exist to meet the needs. This is an exercise in intelligence gathering – knowing more about our communities enables better decision making and more effective solutions.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X