



To: Coventry Health and Wellbeing Board

Date: 9 April 2018

From: Liz Gaulton, Director of Public Health

Title: Towards a place-based approach for the Joint Strategic Needs Assessment

1 Purpose

This briefing note sets out a proposal for a place-based approach for refreshing the Coventry Joint Strategic Needs Assessment (JSNA).

2 Recommendations

The Health and Wellbeing Board is asked to:

- i. review the updated JSNA with 2018 data;
- ii. endorse work towards a place-based JSNA to inform the next refresh of the Joint Health and Wellbeing Strategy (JHWBS); and
- iii. identify local sponsors and lead officers in each geographical area so that areas for development identified through the JSNA can be developed into local priorities and action plans.

3 Information/Background

The JSNA is a means by which local leaders across health and care work together to understand and agree the needs of all people in Coventry. It is owned by the Coventry Health and Wellbeing Board (HWBB), and helps the board set its priorities and strategy.

The production of a JSNA, along with a Joint Health and Wellbeing Strategy (JHWBS) is a statutory requirement placed upon the HWBB under the Health and Social Care Act 2012.

The JSNA brings together, in one place, data, information and resources about key health and social care issues affecting Coventry residents, and supports the planning and commissioning of health, wellbeing and social care services.

The Coventry JSNA has been updated for 2018 with refreshed data, which is up-to-date as of January 2018; the addition of a colourful set of flash facts outlining data for each theme; and an accompanying set of slides being delivered by the Insight Team to HWBB partners who would like to know more about the production and content of the JSNA.

4 Options Considered and Recommended Proposal

The current JHWBS covers 2016-19 and is due for a refresh for the 2019-22 period. This will necessitate a further refresh of the JSNA. The intention is to move towards a place-based approach for the JSNA to inform the development of the next JHWBS. This reflects recent research evidence, developments and policy direction nationally which has seen a move towards recognising that health and care (including community-based, mental health, social care) services based around natural geographies of populations between 30,000-

50,000 people would offer populations a much more complete and less fragmented services.

In addition, regionally, there has been a move towards a place-based approach to health and care. Across Warwickshire, Warwickshire County Council have developed a place based approach to their JSNA, which has been positively received. This is a significant departure to the traditional whole population, thematic approach. The drivers for this change include:

- the requirement to support significant transformation programmes and strategies which are founded on community resilience and service delivery at locality level;
- use of the JSNA as a vehicle for engaging and involving local partners and stakeholders; and
- combining local intelligence and issues to tailor needs assessments to local needs, which ensures that the JSNA process feeds into local action plans.

Learning from Warwickshire, developing a place-based JSNA for Coventry will involve the following:

- identification of suitable geographies to be the local area building blocks. Warwickshire has 22 JSNA geographies which are profiled in stages over several years;
- each area has an average population of 25,000, defined by geospatial software and stakeholder consultation;
- boundaries designed to meet stakeholder needs as far as possible and partners are committed to using these areas for strategic planning purposes;
- producing data at the local geography level through a profiling tool developed by the Insight team at Warwickshire; and
- creating locally focussed profiles each with a local champion or sponsor and lead officer. Work is owned by a local stakeholder group and supported by an analyst. This will require significant input and commitment from partners and will have a large resource implication for the Insight and Public Health team.

The strengths of a place-based approach to the JSNA and JHWBS is that it is likely to bring similar benefits of locally focussed profiles and partnership involvement through local sponsors. In addition, this move will benefit services that work jointly with Coventry and Warwickshire, in particular, the Place Forum, the Coventry and Rugby Clinical Commissioning Group (CCG) and acute hospital trusts.

Such a move will also create new opportunities including providing support towards increased joint working between the two public health teams as resources from national government continue to become more constrained.

Potential weaknesses of a place-based approach for Coventry, is that Coventry is one city, unlike Warwickshire, where each town or locality has a clearly unique population profile. However, the footprint of the eight recently-formed Family Hubs in Coventry acts as evidence that this is possible, and indeed the Family Hubs may act as a suitable geography for Coventry. Based on Warwickshire's experience, a profiling tool can be made flexible enough to allow partners to access data and create statistical profiles to support multiple needs including commissioning decisions, Family Hubs, out of hospital localities, and the transformations of children's social care.

The threats of not moving towards a place-based approach would be fragmentation and inconsistency between the approaches taken in Coventry and Warwickshire, and the failure to maximise the potential of local partnerships with community groups and the voluntary

sector which is essential for delivering the NHS five year forward view and the Council Plan priority to deliver our priorities with fewer resources.

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Appendices

Coventry Joint Strategic Needs Assessment (January 2018) <https://www.coventry.gov.uk/jsna/>