

Health and Wellbeing Board

Meeting Date: 4th March 2021

Shropshire Joint Strategic Needs Assessment (JSNA)

Responsible Officer: Rachel Robinson, Shropshire Director of Public Health

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1.0 Summary

1.1 At the Health and Wellbeing Board in January 2021 an update on Shropshire's JSNA was presented with revised timescales due to COVID-19. It was agreed that the Health and Wellbeing Board would receive regular updates on progress and any issues arising. The intention is to ensure Health & Wellbeing Board partners are kept informed and engaged with the programme as the governance and processes are designed and the needs assessments are developed.

2.0 Recommendations

2.1 The Health and Wellbeing Board note the contents of the report

REPORT

3.0 Progress since last report

3.1 **Place Based JSNA:** Planning has begun to consider the next steps in delivering the place based JSNA, the governance, geographies, proposed roles and delivery model required. Proposals are outlined below.

3.1.1 **Best Practice:** Following the last meeting the team have been speaking to colleagues in other areas who have taken a similar place based approach to ensure that our model is built on best practice.

3.1.2 **Geographies:** It was agreed at the January 2021 Health and Wellbeing Board that Place Plan geographies would be used as a consistent set of 'JSNA Geographies'. Ward level and/or practice level data will be used wherever possible within these geographies, but the place plans create the lowest meaningful geography for consultation and engagement. This creates 18 JSNA areas across the county that would be used to profile needs and design services across the health and wellbeing system, these in turn can be aggregated and overlaid with broader geographies which are meaningful to partners and provide information at those geographical levels required for planning and commissioning. Appendices 1 and 2 shows the map of these geographies. The table below shows how they align to Primary Care Networks and other geographical boundaries.

Table 1: Place Plan Geographies and Primary Care Network Boundaries.

Place Plan	Localities	Primary Care Network* NB these overlap	
Oswestry	North West	North Shropshire	
Ellsemere	North East		
Wem			
Whitchurch			
Market Drayton			
Shrewsbury	Central	Shrewsbury	
Minsterley and Ponstesbury		South West	
Church Stretton			
Craven Arms	South West	Shrewsbury and South West	
Bishops Castle		South West	
Ludlow		South West	
Much Wenlock	South East/Central	South East	
Cleobury Mortimer	South West		
Highley	South East		
Bridgnorth			
Broseley			
Shifnal			
Albrighton			Teldoc and South East

3.1.3 **Governance:** Following the January Health and Wellbeing Board, terms of reference are being drafted for both a strategic group to oversee and monitor the role out of the work programme and steering groups to coordinate the delivery of the programme. The Strategic Group will include the senior accountable officers who are responsible for the delivery of the JSNA across partners. An overview of the roles of the Health and Wellbeing Board members on the working and steering group are proposed below.

Table 2: Proposed roles of Health and Wellbeing Board member organisation

Stakeholder/HWB Member	Proposed Involvement/Role
STP	Inform and utilise needs assessments. Ensure overall and local service delivery models within Population Health Management programme are based upon the evidence generated through the need's assessments.
SC	Hold dual responsibility with CCG for delivery of the JSNA. Transformation programmes and Strategies (including community and rural strategy and Place Plan) to contribute to the evidence base and utilise findings in delivery of programmes. Commissioning intentions to inform and utilise the needs assessments. To provide project support to coordinate local stakeholder activity such as steering group meetings Insight Service and Intelligence Officers to provide dedicated analytical expertise
CCG	Hold dual responsibility with SC for delivery of the JSNA. To work collaboratively to ensure local ownership is established for each needs assessment and ensure they inform Commissioning Intentions. Provide relevant data and analysis as required.
Providers	To inform relevant needs assessments as core assets within the community/system
Health Watch	To inform relevant needs assessments as core assets within the community/system to support development of relevant needs assessment, help with local engagement and champion its use.
Community and Voluntary Sector	Working with partners to identify third sector assets to inform needs assessments To support evidence base and engagement with local communities To utilise the outputs in planning and bids
Other partners	To contribute data, support development of needs assessments and utilise evidence base as appropriate in local service planning
Local Councillors	Sponsor and Support the needs assessment within their area Local Elected Members, parish councillors and local organisations to support development of relevant needs assessment and help with local engagement Contribute local intelligence around local needs and community assets

3.1.4 **Proposed Delivery model** Based upon the above roles, and the need to have local ownership in place for each needs assessment, the table below sets out the suggested process for delivering each needs assessment. This covers just the first wave of needs assessments, and the proposal is to build in a review step at the end of the first wave to identify whether this is the most effective approach.

Table 3: Proposed Delivery Model

Month	Task	Who	Purpose	Proposal
Pre-project	Identify Needs Assessment 'Sponsor'	Health & Wellbeing Board	To act as the local strategic lead for the needs assessment, ensuring local buy-in and promoting the use of the outputs in local planning activity	Health & Wellbeing Portfolio Holder
Pre-work	Identify Needs Assessment lead officer	Health & Wellbeing Board	To take responsibility for the delivery of the needs assessment and to lead and advise the steering group throughout the process. The lead is responsible for ensuring the final needs assessment meets the agreed objectives and is completed to time and quality standards.	Director of Public Health
Pework	Identify nominated leads from partners	Each stakeholder	To ensure the needs assessment has buy-in from all appropriate local stakeholders. Examples include CCG, WCC, Providers, Parish Councils, BIDs Police, Third Sector etc.	Various
Pework	Establish steering group	Needs Assessment lead officer, Sponsor	To ensure the needs assessment has input from stakeholders and complements systemwide strategic planning activity. Also to ensure group has appropriate administrative support	Various
Month 1	Initial scoping meeting	Needs Assessment lead officer, Insight Analyst	To discuss the process, agree timeline, go through templates, roles and responsibilities	
	Initial stakeholder group meeting	Needs Assessment lead officer, Steering group	To get stakeholders together, confirm the objectives and set out the process/timeline	
Months 1 to 3	Data collection and research	Insight Analyst, Steering Group	To carry out the data collection, research process and analysis.	
Months 2 to 3	Regular engagement, progress updates	Needs Assessment lead officer, Insight Analyst	To keep stakeholders involved, resolve queries, share data, ensure local perspectives included	
Month 3	First draft report	Insight Analyst	To present the steering group with a first draft	
Month 4 – 6	Second stakeholder session Recommendations formed Action Plan developed Dissemination activity	Needs Assessment lead officer, Steering group, Sponsor	To sign off the needs assessment, agree key messages and recommendations and form action plan. To share the material more widely and confirm arrangements for delivering action plan.	

3.3 **Restart the SEND JSNA.** A full time analyst has been recruited and starts on the 15th March with their immediate priority to complete the SEND JSNA.

4.0 Risk Assessment and Opportunities Appraisal

4.1 It is proposed that a single, coordinated approach is taken to the development of place-based profiles and needs assessments which in turn support place-based working. This will take time to develop and is intrinsically linked to the refresh of the HWB Strategy.

5.0 Financial Implications

- 5.1 To deliver needs assessments at scale across the place plan areas, additional project support would be required, upskilling of analysts across the system (currently being rolled out through the CSU academy and analyst network) and the support of colleagues in planning and partners in local communities. The support of these will impact the scale and pace of delivery.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Appendix 1: Place Plan Geographies

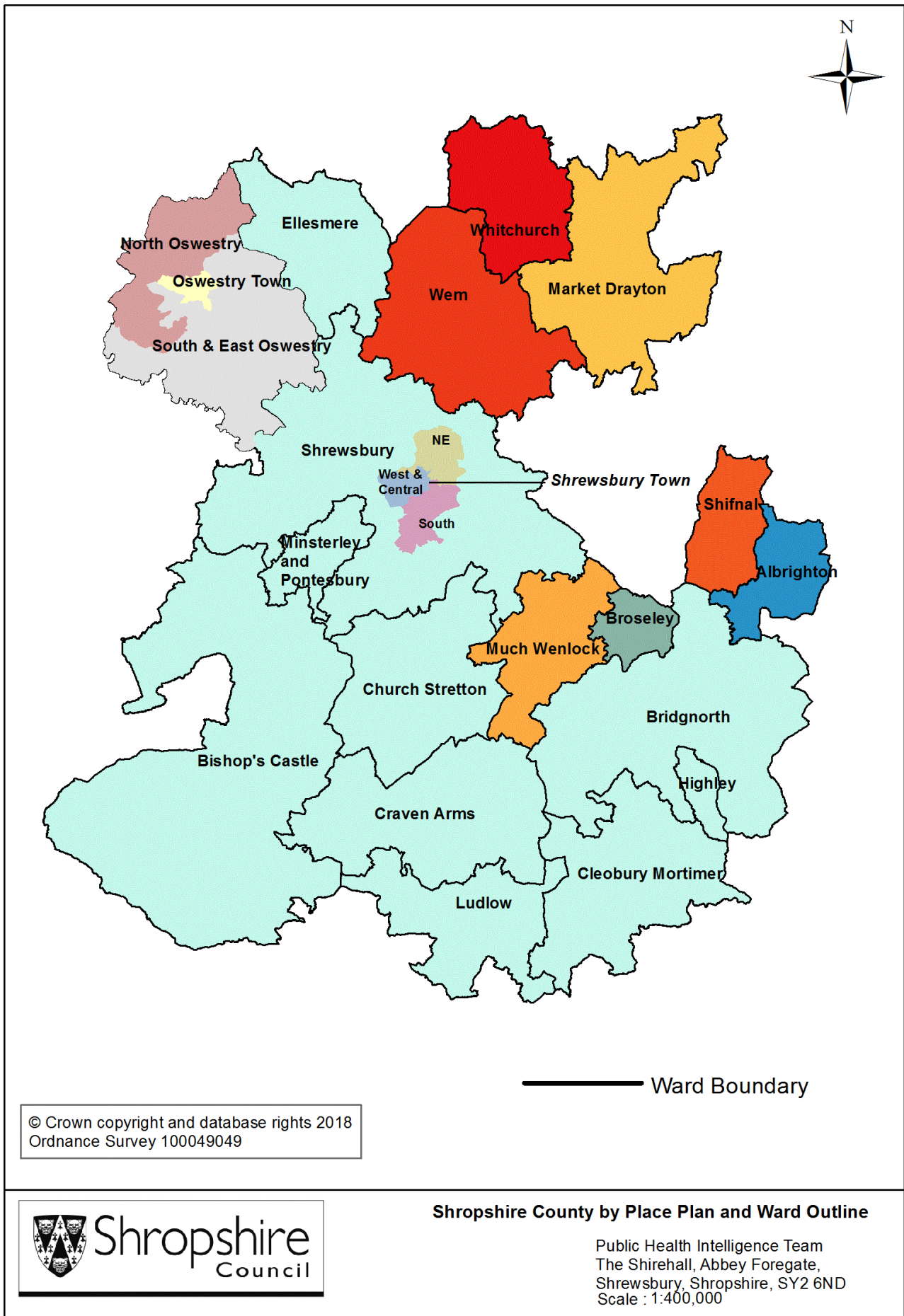
Appendix 2: Primary Care Network Boundaries

Cabinet Member (Portfolio Holder)
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Cllr. Dean Carroll Portfolio Holder for Adult Services, Climate Change, Health and Housing
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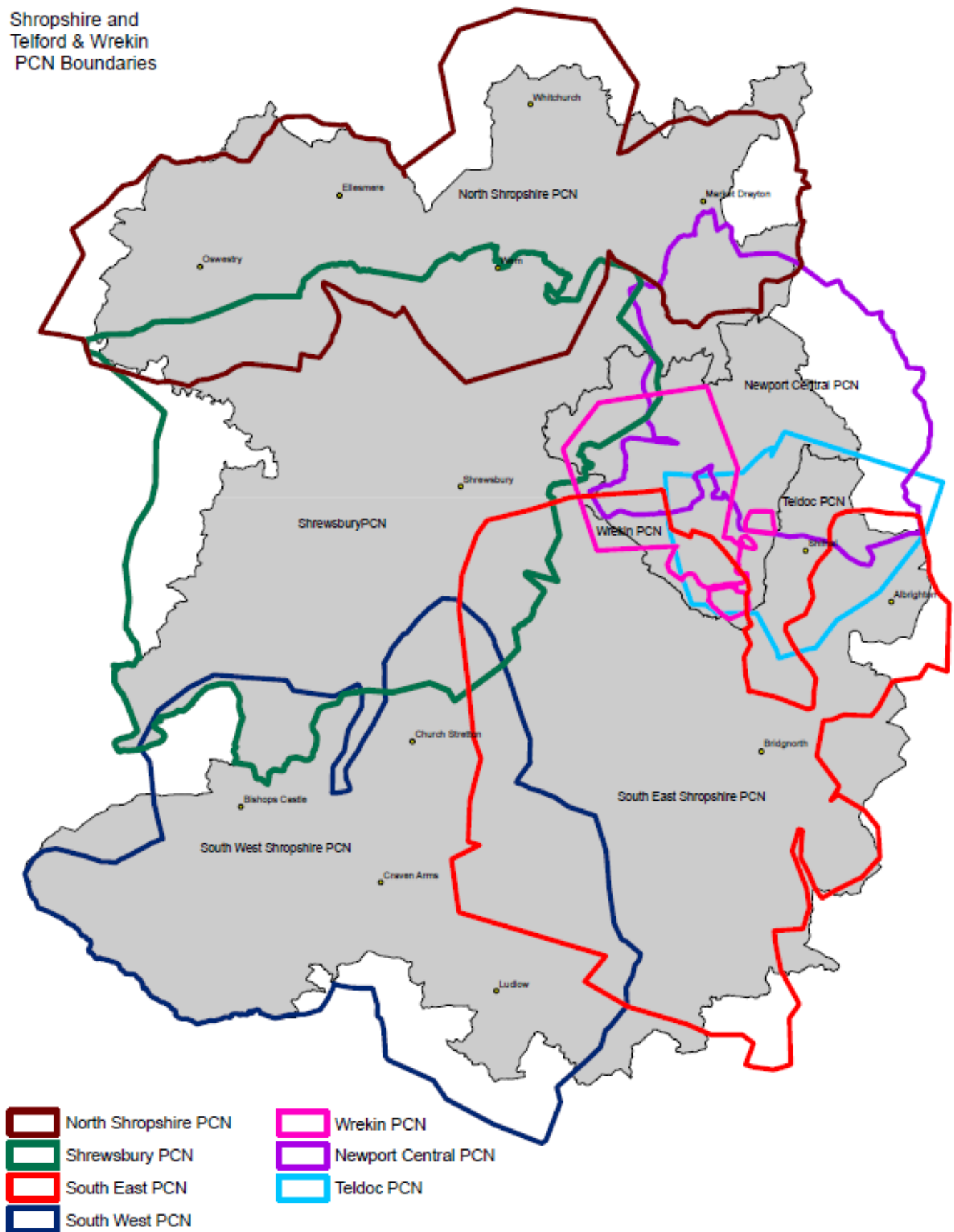
Cllr. Ed Potter, Portfolio Holder for Children's Services

Appendix 1: Place Plan Areas



Appendix 2: Shropshire and Telford and Wrekin PCN Boundaries

Shropshire and Telford & Wrekin PCN Boundaries



PCN Boundaries have been created using GP Inner Catchment Area data from NHS Digital (March 2020) and Primary Care Network Data from Strategic Health Asset Planning & Evaluation (SHAPE)

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