

Topic:	Health and Wellbeing Intelligence Support
Meeting Date:	10 April 2014
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1. Background and Purpose

- 1.1 At the Health and Wellbeing workshop on 9th January 2014, options for delivering the Health and Wellbeing Strategy were presented. The opportunities relating to closer working between commissioning support functions were discussed. Intelligence, insight and engagement are vital commissioning support functions.
- 1.2 Intelligence, insight and engagement are needed to drive what we do, by providing an understanding of needs, desires and priorities. This is provided through the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy engagement and other more detailed topic specific deep dives.
- 1.3 Intelligence, insight and public feedback is also core to understanding whether we have achieved our goals. This is needed to support performance management.
- 1.4 The data and expertise that facilitate access to this intelligence, insight and customer engagement are located in different organisations and locations (CSU, PH intelligence, Insight, ECS, providers, district councils). This creates barriers to linking data and pieces of work and creates the potential for duplication.

2. Current status

- 2.1 Public Health Intelligence and Insight functions at the Staffordshire County Council are co-located and starting to develop joint work programmes.
- 2.2 There are good examples of joint pieces of work between intelligence and insight functions in different agencies e.g. Public Health Intelligence and CSU developing intelligence around long term conditions and frail elderly. Public Health Intelligence and ECS worked together on a deep dive into DFG need and demand.
- 2.3 The Joint Strategic Needs Assessment was produced in October 2013. A review of the data included in the JSNA was completed in December. The impact of changes in data, the feedback from the engagement and the content of HWB agendas to date has been analysed and presented in

accompanying paper (Health and Wellbeing Strategy – a review of the evidence).

It is proposed that a review is completed on an annual basis and used to reflect upon progress and relative priority of the Health and Wellbeing Strategy areas for action. It is proposed that a complete refresh of the JSNA is produced every three years.

Recommendation 1: The Health and Wellbeing Board support the plan to review JSNA data on an annual basis and delegate responsibility to the Integrated Commissioning Executive Group (ICEG) to review the Health and Wellbeing Strategy in light of new data and make recommendations to the Health and Wellbeing Board.

This should be presented to the ICEG in July, so recommendations can be presented the Health and Wellbeing Board in September to allow the review to inform commissioning developments for the next financial year.

2.4 Many other in-depth analysis products are created in areas relevant to Health and Wellbeing. There are often requirements for specific population needs to be included in the JSNA as part of national assessments. The Intelligence and Insight teams at Staffordshire County Council are exploring branding other deep dive reviews as Joint Strategic Needs Assessment.

2.4 The Intelligence and Insight team propose to further develop www.staffordshireobservatory.org.uk to ensure that data on all indicators (where available) included in appendix A of the Health and Wellbeing strategy are available online. This will ensure that all partners and anyone else interested has direct access to the latest data. The JSNA is already available on www.staffordshireobservatory.org.uk. It is proposed that branded in-depth analysis are also made available.

Recommendation 2: The Health and Wellbeing Board request that relevant in-depth analyses are branded as JSNA and that these are promoted via www.staffordshireobservatory.org.uk

2.5 An extensive district outcome matrix has been developed, providing data at the county, district and ward level. This can be used by the district Health and Wellbeing groups to review their enhanced Joint Strategic Needs Assessments.

The district outcome matrix will be updated whenever new data becomes available. It will be filed on sharepoint and relevant people will be given access. This will enable access to the most recent data. This will become unnecessary when development of www.staffordshireobservatory.org.uk is completed.

The current Enhanced Joint Strategic Needs Assessments identify assets that support Health and Wellbeing in the district. The Health and Wellbeing Strategy engagement identified insight into the public priorities. It is proposed that the eJSNAs are built upon to identify specific assets that can support outcomes in each of the twelve areas for action and that these utilise the insight that was identified through the JHWS engagement. Intelligence and Insight and ECS can support Public Health Development Officers in each of the districts to develop this.

Recommendation 3: The Health and Wellbeing Board request via District Health leads for District Health and Wellbeing groups review their enhanced Joint Strategic Needs Assessments using the District Outcome Matrix and JHWS engagement.

Recommendation 4: The Health and Wellbeing Board requests via District Health leads for District Health and Wellbeing groups further develop asset section of e-JSNA to focus on the 12 areas for action.

- 2.5 Intelligence and Insight support to District Health and Wellbeing Groups - A workshop was held in January for the District Public Health Development Officers and Public Health Intelligence Team. The purpose of this workshop was to share the Matrix of Indicators and to identify further opportunities for joint work between Public Health Intelligence and the district partnerships.

3. Developing workstreams

- 3.1 The Health and Wellbeing Board have agreed to identify programme leads for each of the 12 areas for action. It is proposed that and Intelligence and Insight lead is identified to ensure these programme leads receive the support they need in terms of Intelligence and Insight.
- 3.2 It is proposed to produce a Health Needs Assessment for each area for action and that this is branded in a similar way to the Joint Strategic Needs Assessment or the Health and Wellbeing Strategy. Each Health Needs Assessment will follow a similar format.

Recommendation 5: The Health and Wellbeing Board supports Insight and Intelligence leads to contact Programme leads to instigate Health Needs Assessment development for the 12 areas for action. This should include quantitative and qualitative data analysis and where appropriate include primary data collection to support insight development.

Options for how primary data collection can be supported need to be developed. To do this robustly, work may need to be commissioned. District partnerships should be key in directing this work.

- 3.3 For some areas for action, in particular, Frail Elderly and End of Life, data that could be used to develop intelligence is held by different agencies. If the barriers to linking this data can be removed there is the potential to greatly increase our understanding of these populations needs and over time the impact we have had on this.

A workstream has been proposed to the Intermediate Care and Long Term Conditions Programme Board to facilitate access to provider data and joint work between CSU and Public Health Intelligence.

Recommendation 6: The Health and Wellbeing Board support CCG Accountable Officers to formally request support from the CSU for this workstream and future workstreams. Health and Wellbeing Board members intervene to remove any barriers to access provider data and linking data sets.

- 3.4 There was extensive public engagement around the Health and Wellbeing Strategy in 2013. A piece of work is required to feedback to the public how this input has influenced the strategy. The strategy engagement was limited to questions about the general direction of travel and questions relating to the first three priority areas for action i.e. best start in life, reducing harm caused by alcohol and helping people live independently and well for as long as possible. Further engagement is needed to develop and prioritise the other nine areas for action.

Recommendation 7: The Health and Wellbeing Board request that the district/locality partnership organise engagement events to provide feedback on the impact of the 2013 engagement around the strategy, to develop and prioritise the other nine areas for action, to identify any gaps and to collect insight to support e-JSNA and deep dives.

4. Recommendations

- 4.1 The Health and Wellbeing Board support the plan to review JSNA data on an annual basis and delegate responsibility to the Integrated Commissioning Executive Group (ICEG) to review the Health and Wellbeing Strategy in light of new data and make recommendations to the Health and Wellbeing Board.

This should be presented to the ICEG in July, so recommendations can be presented the Health and Wellbeing Board in September to allow the review to inform commissioning developments for the next financial year.

- 4.2 The Health and Wellbeing Board request that relevant in-depth analyses are branded as JSNA and that these are promoted via www.staffordshireobservatory.org.uk

- 4.3 The Health and Wellbeing Board request via District Health leads for District Health and Wellbeing groups review their enhanced Joint Strategic Needs Assessments using the District Outcome Matrix and JHWS engagement.
- 4.4 The Health and Wellbeing Board requests via District Health leads for District Health and Wellbeing groups further develop asset section of e-JSNA to focus on the 12 areas for action.
- 4.5 The Health and Wellbeing Board supports Insight and Intelligence leads to contact Programme leads to instigate Health Needs Assessment development for the 12 areas for action. This should include quantitative and qualitative data analysis and where appropriate include primary data collection to support insight development.

Options for how primary data collection can be supported need to be developed. To do this robustly, work may need to be commissioned. District partnerships should be key in directing this work.

- 4.6 The Health and Wellbeing Board support CCG Accountable Officers to formally request support from the CSU for this workstream and future workstreams. Health and Wellbeing Board members intervene to remove any barriers to access provider data and linking data sets.
- 4.7 The Health and Wellbeing Board request that the district/locality partnership organise engagement events to provide feedback on the impact of the 2013 engagement around the strategy, to develop and prioritise the other nine areas for action, to identify any gaps and to collect insight to support e-JSNA and deep dives.