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| Title of Report: | Joint Strategic Needs Assessment (JSNA) update |
| Date of meeting: | 2 July 2024 |
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| Health & Wellbeing Board Lead: | Dr Matt Tyrer |

Executive Summary

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| Is this report for: | Information <input type="checkbox"/> | Discussion <input type="checkbox"/> | Decision <input checked="" type="checkbox"/> |
| Why is the report being brought to the board? | The purpose of this report to provide the Health and Wellbeing Board with an update of progress in the JSNA work programme since March 2024 | | |
| Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to? | Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/> | | |
| Please detail which, if any, of the Health & Wellbeing Principles this report relates to? | Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input checked="" type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/> | | |
| Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action. | The Health and Wellbeing Board (HWB) is asked to: <ul style="list-style-type: none"> To approve the reviews to commence during 2024/25. Note the progress on the JSNA work programme and to adopt the recommendations that have resulted from this work. Utilise the JSNA to inform continue challenging decision making in relation to public sector budgets. | | |
| Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders? | This report has been considered by the Cheshire East Public Health Senior Management Team, it has also been shared specifically with the Director of Public Health and the Executive Director for Adults, Health and Integration. | | |
| Has public, service user, patient feedback/consultation informed the recommendations of this report? | n/a | | |

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| <p>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</p> | <p>It is envisaged that adopting the JSNA recommendations will help to reduce inequalities and enhance existing work to improve overall health and wellbeing in Cheshire East.</p> |
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1. Report Summary

1.1. The purpose of this report is to update the Health and Wellbeing on the Joint Strategic Needs Assessment (JSNA) work programme.

1.2. Key updates include:

- The lifestyle survey has now concluded. Headline figures have been reported. These will be further explored and compared and contrasted with existing datasets as part of a specific lifestyles JSNA review chapter.
- Recommendations from 2022/23 JSNA reviews have been prioritised, with leads identified for the majority recommendations. Conversation will continue to ensure ownership of all priority recommendations across the system.
- Social isolation, Macclesfield and Care of Older People JSNAs are underway with extensive engagement from across the system.
- Care community dashboards have been revisited to include indicators where possible from the Outcomes Framework and those identified within the JSNA chapters to monitored going forward.
- The JSNA evaluation survey was circulated in March 2024 and closed on the 24th May 2024. There were 67 responses in total.
- A councillor briefing session will be planned to gather valuable feedback to shape further engagement with councillors around the JSNA and ways to utilise it.

2. Recommendations

2.1. The Health and Wellbeing Board is asked to:

- To approve the reviews to commence during 2024/25.
- Note the progress on the JSNA work programme and to adopt the recommendations that have resulted from this work.
- Utilise the JSNA to inform continue challenging decision making in relation to public sector budgets.

Reasons for Recommendations

- 2.2. The JSNA recommendations are based on the triangulation and interpretation of data from wide and varied sources through multi-partner collaboration.
- 2.3. Publishing updated JSNAs allows partners and commissioners to use up to date information, evidence and research when designing services in Cheshire East.

3. Impact on Health and Wellbeing Strategy Priorities

- 3.1. The production of the JSNA supports the four outcomes from the Health and Wellbeing Strategy 2023-28:
 - Cheshire East is a place that supports good health and wellbeing for everyone.
 - Our children and young people experience good physical and emotional health and wellbeing.
 - The mental health and wellbeing of people living and working in Cheshire East is improved.
 - That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

4. Background and Options

- 4.1. Health and Wellbeing Boards have a duty to produce JSNAs under the Health and Social Care Act 2012. JSNAs are in-depth assessment of the current and future health and social care needs. They are informed from a wide range of sources to produce recommendations for commissioners and partners to use to improve the overall health and wellbeing of residents of Cheshire East whilst looking to reduce inequalities.
- 4.2. JSNAs are assessments of the current and future health and social care needs of the local community. These are needs that can be met either by the local authority or by the NHS or other partners. JSNAs are informed by a wide range of sources including research, evidence, local insight, and intelligence to help to improve outcomes and reduce inequalities. They also consider wider factors that impact on their community's health and wellbeing, produce recommendations, and identify where there is a lack of evidence or research.
- 4.3. Reviews are undertaken through multi-partner working groups and are subsequently approved for publication by the Director of Public Health or Executive Director of Adults Health and Integration through delegated responsibility (further details are provided via:
<https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s102045/JSNA%20approval%20processes%2021%20March%202023%20Final%20Version.pdf>
- 4.4. The priorities for the JSNA work programme are agreed by the multi-agency, multi-partner JSNA Steering Group.

4.5. Any financial implications that arise as a result of any actions taken in response to this report are fully covered by existing funding, meaning that there are no changes required to the Council's existing Medium Term Financial Strategy (MTFS).

4.6. Progress in relation to the current work programme

4.6.1. The *Special Educational Needs and Disability JSNA Analysis* has concluded in relation to this review. Quality assurance commenced during May 2024. The target approval date has moved further to July 2024 due to system pressures. However, the SEND Partnership Board has been updated of progress and praised the work presented, which is being aligned with the Safety Valve Programme planning conversation and to inform the rewrite of the SEND strategy later in the year.

4.6.2. The *lifestyle survey* concluded on 29 January 2024. Social Engine were commissioned to undertake the survey on behalf of Cheshire East Council and the JSNA programme more widely¹. A total of 12,435 households in Cheshire East were randomly selected to be invited to participate in the survey. An invitation letter was sent directing people to an online survey, however, paper copies of the survey were also available on request. Two reminder letters were sent to encourage responses. The first, was sent to all households which had not yet responded to the survey. The second reminder was only sent to households in Crewe and Macclesfield that had not responded, since the number of responses received from these Care Community areas was – at that point – significantly lower than the six other areas.

In total, 2,591 surveys were completed, a response rate of 20.8% - notably higher than the anticipated 16%. However, the average number of responses per household was 1.19; lower than the 1.53 per household that our sample size calculations were based on.

The headline figures are included at Appendix A.

The overall the survey results suggest that the picture of health and wellbeing of residents across Cheshire East is generally of good health and wellbeing.

- Around half (52%) of respondents stated that they “mostly eat well and stay active”, whilst 31% said that they either had a good diet or were active but not both. 7% of respondents self-reported that their “diet and activity need a lot of work”.
- 70% of people stated that they did not have concerns about the health, diet or fitness of others whom they lived with. Around one quarter (24%) said they were concerned about their partner or

¹ Social Engine (2024) Lifestyle behaviours research report. Appendix A: Headline Findings. February 2024. research and behaviour change agency.

another adult that they lived with. 6% also said they had concerns about their children's health and wellbeing.

- The vast majority of respondents had either never smoked (61%) or quit ten or more years ago (26%), however 7% stated they either currently smoke or occasionally do and a further 7% stated they had given up within the last 10 years.
- Around a quarter (23%) of people said they drank alcohol only infrequently (monthly or less) or not at all, while one in three (30%) report drinking 2-3 times a week and a further 18% stated they drink 4 or more times a week.
- Half of respondents (49%) reported eating at least the recommended five portions of fruit and vegetables on the previous day, whilst only 4% stated that they had not had any.
- One third of respondents (31%) stated they undertake at least 150 minutes of moderately intensive exercise each week. 28% reported doing 30 minutes or less each week with half of these (15%) saying they do no exercise at all.
- Just over one third (36%) of respondents stated they do no muscle strengthening exercises, whilst half said they did so through everyday tasks such as digging or carrying shopping.
- The impact of the pandemic on people's different lifestyle behaviours tended to be negligible for many, with between 49% and 92% of respondents saying it had made no difference.

Analysis of specific "population segments" are included at Appendix B. This identified for key population segments that may require different approaches to support:

- multi-hurdlers
- smokers
- drinkers
- non-exercisers²

Whilst the headline figures and population segment analysis are helpful. The next step will be to undertake further subgroup analyses to further examination the information provided and to determine the statistical significance of the differences observed, including the differences observed between Care Communities. The findings will also be triangulated with other routinely available data sources for comparison and contrast, for example; the Active Lives Survey. A JSNA chapter will then be produced that includes the outputs from the survey and this further exploration.

4.6.3. *Care of older people*

² Social Engine (2024) Lifestyle behaviours research report Appendix B: Segmentation analysis. February 2024. Social Engine is a research and behaviour change agency.

30 stakeholders are linked in with this JSNA via the email distribution list and we are working to recruit additional stakeholders, particularly from general practice. We are exploring the most effective way to engage in view of the current system pressures. The scope of this review is being finalised and has yet to be approved. It is likely that this review will take 12-18 months to complete in view of its breadth. However, key elements of the work may be quality assured and finalised prior to completion of the entire review, to ensure timely utilisation by the system.

Loneliness and social isolation

47 stakeholders are linked in with this JSNA via the email distribution list. The scope has been approved by the JSNA steering group and data collection and analysis is underway.

Macclesfield

34 stakeholders are linked in with this JSNA via the email distribution list. The scope has been approved by the JSNA steering group and data collection and analysis is underway. Some engagement with residents has taken place and further engagement opportunities are being explored.

4.6.4. *Progress in relation to the Joint Outcomes Framework*

Phase two of the Joint Outcomes Framework development continues. Key developments include that local Care Community Dashboards have now incorporate links to the Joint Outcomes Framework, relevant JSNA sections and CORE20Plus5 to promote upstream intervention and further integration. Engagement with Care Communities regarding a prototype of the latest version of the dashboard is due to commence shortly and will result in its further refinement.

Conversations have also commenced regarding developing an interactive dashboard in Power BI that aligns with other tools produced by the Integrated Care Board.

There will be a refresh of the Phase One Outcomes Framework indicators in the coming months, once this is feasible within the Office for Health Improvement and Disparities tool.

4.7. **Additional activities**

4.7.1. *Prioritisation of recommendations from the 2022/23 JSNA reviews.*

Recommendations from the 2022/23 JSNA reviews have been prioritised with recommendation owners/ co-owners provisionally identified in relation to each of these recommendations (Appendix C).

The next step is to confirm co-owners for each of the recommendations and to continue to develop a systematic process to review intermediate and longer term recommendations also.

4.7.2. *Evaluation*

Google analytics suggest that there were 2362 individual viewers of JSNA webpages between 2 February 2024 and 1 May 2024 (see Appendix D for further details).

4.7.3. *JSNA Evaluation Survey*

The JSNA evaluation was undertaken to help the Public Health Intelligence Team and the JSNA Steering Group to understand what aspects of the JSNA are valued and are going well and to gather opinions on the changes that have been implemented, but also how we can improve as part of our next steps so that the JSNA has as much impact as possible.

The JSNA evaluation survey was circulated in March 2024 and closed on the 24th May 2024. In total there were 67 responses from a range of different sectors (see appendix E for more details).

4.7.4. *Councillor briefing session*

A councillor briefing session is being planned to raise awareness of the JSNA with elected members and explain how the reviews are undertaken and can be used. This event was initially booked for 21 May 2024, however, needed to be postponed due to unforeseen circumstances.

4.7.5. *The 2024/25 work programme*

Consensus building on the content of the 2024/25 programme took place in March 2024. This involved gathering suggestions have been gathered throughout the year and via the JSNA conference in February 2024. A poll was then circulated to JSNA steering group members and VCFSE representatives. The results of this poll, insights from steering group members and review of the Tartan Rug and Public Health Outcomes framework then guided the prioritisation of topics.

The capacity to undertake reviews will be reduced during 2024/25 to allow sufficient capacity to be available to undertake the Pharmaceutical Needs Assessment. This restricted capacity resulted in the need for a second round of polling to finalise the priority review areas, which have been proposed to be:

- Health and wellbeing in the early years of life (0-5 year olds)
- A place-based JSNA focusing on Congleton and Holmes Chapel Care Community.
- Sexual health needs assessment

This work will be commenced during the latter half of 2024/25 alongside the conclusion of the care of older people, loneliness and social isolation, and Macclesfield reviews.

Areas that were also considered and for which other approaches to needs assessment are being explored (including via Cheshire and Merseyside-wide workstreams) include:

- Health Inclusion groups- people experiencing serious mental illness, people with learning disability, gypsy, roma and traveller communities, children and young people in care, and veterans.
- The menopause
- Childhood vaccination uptake

Access to Information

4.8. The background papers relating to this report can be inspected by contacting the report writer:

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