

# The Joint Strategic Needs Assessment (JSNA) Evaluation Results

29/05/24

Written by the Public Health Intelligence Team

## Background information

During 2022/23 some changes to the JSNA work programme were introduced. Instead of one full report it was agreed that three products, a full report, executive summary, and a short summary, which outlines the key messages and recommendations in plain English would be developed for each chapter to make the JSNA more accessible. In addition to this, the governance process was also revised and the Health and Wellbeing Board delegated approval to the Executive Director for Adults, Health and Integration or Director of Public Health.

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 24<sup>th</sup> May 2024. In total there were 67 responses from a range of different sectors.

**FIGURE 1- THE SECTOR THAT THE RESPONDENTS WERE FROM**

■ Council ■ NHS ■ VCFSE ■ Private ■ Other

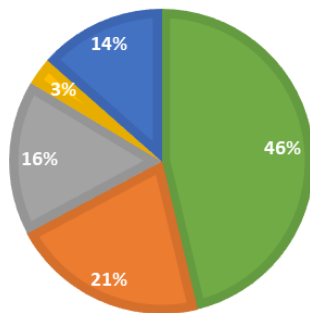



Figure 1 shows that the majority of the respondents were from Cheshire East Council (46%), followed by the NHS (21%) and stakeholders from the Voluntary, Community, Faith and Social Enterprise sector (VCFSE) (16%).

The respondents were asked to explain what their involvement was with the JSNA programme. The majority of respondents were either part of a working group (30%), the JSNA Steering Group (24%) or a JSNA user (23%). Some respondents have selected more than one option due to having an involvement in multiple aspects of the JSNA.

**Question 5- “Did you find the process easy to be involved with in terms of capacity, understanding the ask and understanding the data”.**

Most of the respondents found the process easy to be involved with in terms of understanding the ask (85%, 33/39 responses) and in terms of understanding the data (90%, 35/39 responses) However, capacity was an issue for some (32%, 13/41 responses).



**Feedback (capacity)**

“The hardest part was time capacity as I am a member of several steering and meeting groups”

“I've put no for capacity just because some areas required additional ask of the team rather than data sets routinely available so required prioritisation of workloads - this may become harder as staff numbers continue to reduce”.

“Yes, but as we are a very small team it is always challenging to priorities our work. But we value the importance of the JSNA to our work”.

“Capacity is an issue and reduces the level of input I'd like to have”.

“Not enough time to do anything properly. Get dragged into operational difficulties because the planning and strategy are wrong. JSNA is a key foundation to the strategy but time to be involved is limited”.

“Capacity is the limiting factor due to work pressures”.

“Everything was well explained, and the data was clear. Sometimes due to workload it can be difficult to attend meetings, etc”.

## Some additional feedback from question 5

“Yes, I came into the project group part way through and every effort was made to catch me up with where things were up to”

“It was good to be able to share things from a school / educator perspective”.

“Clear guidance of what was expected, and timescales helped with management of the work. Regular updates and sharing of emerging data meant that there was a shared view on the data and how this directed future work”.

“Not enough time to do anything properly. Get dragged into operational difficulties because the planning and strategy are wrong. JSNA is a key foundation to the strategy but time to be involved is limited”.

“Absolutely and very well supported by members of the Public Health Intelligence Team.

### Question 7- “Did you find the process useful to be involved with in terms of: information sharing; integration; informing place level priorities; informing organisation level priorities; learning about wider health and public health and aiding evidence-based decision making”.

Figure 2- Did you find the process useful to be involved with in terms of: information sharing; integration; informing place level priorities; informing organisation level priorities; learning about wider health and public health and aiding evidence-based

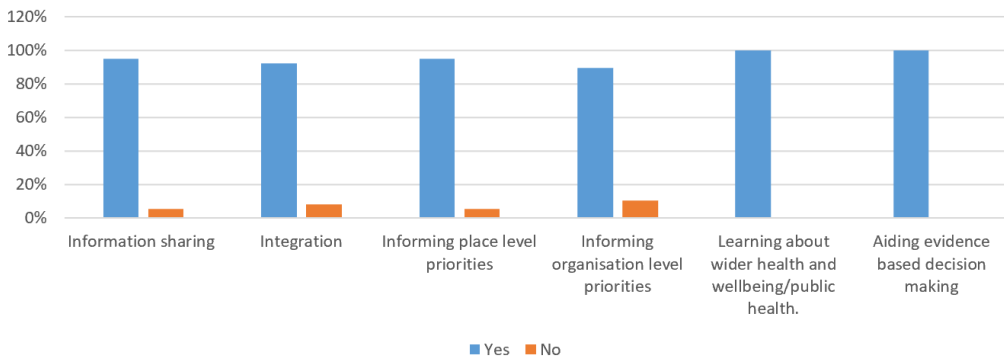


Figure 2 shows that most of the respondents found the process useful to be involved with in terms of all the areas outlined.

Note- The “information sharing” result is based on 37 responses, all the other topic results are based on 38 responses. The respondents could choose more than one option.



## Some feedback from question 7

“Extremely useful. I am most interested in wider health determinants and evidence based decision making. Also made some good links with partner agencies which will drive the work of the safeguarding adults board in terms of identifying themes and trends and making links to preventative actions across areas of Cheshire East”.

“Some data is much more difficult to routinely share/ is even available at levels required to make fully informed decisions at LSOA”.

“Absolutely. The opportunity to share local knowledge and feedback themes from local people across Cheshire East about their health and wellbeing with the group has been very valuable and positive, and allows priority setting to be additionally informed by what matters most to local people. I have always felt listened to and heard during the meetings and have enjoyed sharing what information and knowledge I have. This has also been a very useful networking opportunity, an opportunity to help shape priorities using a collaborative approach and also a chance to learn about health related business intelligence, best practice and research”.

“The key stakeholders involved in the work encompassed a range of SMEs and there was a collaborative approach to understanding priorities and sharing of information”.

“This is the first time a conference such as this has been run. It was extremely useful in terms of the above and should feature in the programme moving forward”.

### **Question 9- “Were you aware of the JSNA prior to your involvement/contributing to the JSNA Conference?”** (based on 64 responses)

- Of those that responded 80% said that they were aware of the JSNA prior to their involvement/contribution to the JSNA Conference.

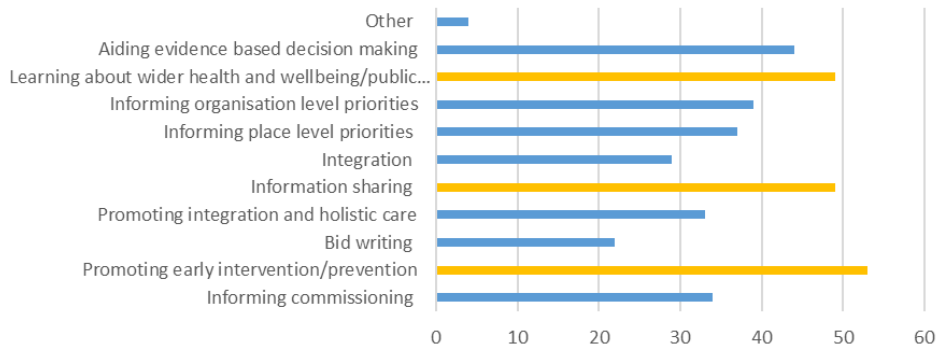
### **Question 10- “Did you understand the role of the JSNA prior to your involvement/contributing to the JSNA Conference?”** (based on 62 responses)

- Of those that responded 79% said that they understood the role of the JSNA prior to their involvement/contributing to the JSNA Conference.

### **Question 11- “Do you think the short summaries will be useful for you/your organisation?”** (based on 65 responses)

- Of those that responded 98% said yes, the short summaries will be useful for them and their organisation.

Figure 3- If you think the short summaries will be useful for you/your organisation, in what way do you think that they will be useful?



The respondents were also asked in what way they thought the short summaries would be useful. As shown in figure 3, the three main reasons were promoting early intervention and prevention (53 responses), information sharing (49 responses) and learning about wider health and wellbeing/ public health (49 responses).

Note- Based on 65 responses. The respondents could choose more than one option)

Respondents were also asked what would make the short summaries more useful.

### One respondent said...

“Short and eye catching. Thinking about how busy people are and how they have no time to read things properly. Based on giving 'top 3 things to know' for example and then the 'So what' how are people then expected to apply the knowledge e.g. take this to your next team meeting or adapt your plans based on this evidence”.

#### Question 14- “Have you cited the JSNA in any of your work?” (based on 67 responses)

- 52% of respondents said they had cited the JSNA in their work.

The respondents were also asked to state what JSNA review had been cited and what work it had been cited in. Examples include:

- “General observations and level of need in Crewe”
- “As an example Crewe JSNA used as evidence in work with the Crewe Town Board and the Business for Health research initiative. Also used in a bid for Active Travel funding”.
- “The work on food poverty - we combined it with our own data to write our successful bid to the community foundation for funding in this area”.
- “Range of work; including presentations to a variety of stakeholders”

**Question 16- “Have you used any of the more detailed products?”** (Based on 63 responses, respondents could choose more than one option)

Respondents were asked to state which of the more detailed products they have used. 35% of respondents said they had used the Tartan Rug, 23% said they had used the full report, 25% said they had used the executive summary and 17% said they hadn't used any of the more detailed products.

The respondents were also asked what the purpose was for using the more detail products. Examples include:

- “Inform policy discussion”.
- “To help understand the challenges, support and landscape of the areas that I work in more fully to help inform engagement and signposting”.
- “To showcase the breadth of inequalities to partners and stakeholders, to inform staff, to understand where to focus our efforts”.
- “Identifying prioritises to improve public health”.

**Question 18- “How can we ensure the JSNA has maximum?”**



### Some of the feedback from question 18

“Make sure local authority and NHS staff understand what is available from a JSNA.”

“The flow of information is hard to manage, but the better control we have on that, the more impact we will have. Capacity is the single biggest barrier, so funding to secure that might be useful.”

“Demonstrate all changes which are resultant from the JSNA and demonstrate (and where possible support) how those outside PH can use the JSNA as a tool for change.”

“Improve understanding of what the 'JSNA' terminology means across the system - especially in the VCFSE sector.”

“Greater promotion and communication. Use case studies of an example of how it can be used. Try and get in early with business and team planning processes to identify early on work that may have a crossover.”

“Be more directive with decision making groups. Don't expect them to realise and/or do the right thing. They are driven by short-term financial decisions. Make the implicit explicit.”

“Making sure its data is acute and as up to date as possible so that every agency/organisation can rely on it to create relevant and inclusive services to ensure the people of Cheshire East can live well for longer.”

“More awareness about its purpose and functions, and getting more people using it.”

**Question 19- “How can we improve upon the review process?”**

**Some of the feedback from question 19**

“Possibly by including some pictorial/easy read information for those with low levels of literacy or English as a second language to ensure maximum accessibility across all CE communities.”

“Possibly hold less but face to face meetings where members can work together to identify, review and set priorities in a workshop style rather than several online meetings.”

“By involving key partners and stakeholders and trying to keep to timescales set out within the wider project plan.”

“Set a timetable and plan in advance. Give them a date for 'end of life' when a review is needed to ensure up to date information can be included.”

“I understand that there is a lot of work put into collecting and validating the data contained in JSNA, however it would be useful for the updates to be more frequent.”

“Talk with charities and groups more.”

**Question 20- “We want to give the JSNA a plain English name to help us in raising awareness of, and engagement in the JSNA amongst our wide range of audience”. The respondents were asked to include suggestions.**

**Some of the suggestions included:**

“The Cheshire East Story”

“Health Horizons: Unveiling the pulse of Cheshire East”

“Influencing current and future wellbeing in Cheshire East”

“Our local health and social needs in Cheshire East”

**Question 21- “Would you like us to hold an annual JSNA Conference?”** (based on 63 responses)

- 94% of the respondents said that they would like an annual JSNA Conference.



### General feedback

“Great work. Very intensive and enjoyable but worry that the impact is lower than it should be on decision makers e.g. we are investing less in early intervention than ever before.”

“Holding an annual conference keeps the profile of the JSNA and its importance in the forefront of commissioners and partners minds.”

“The review was a base line from which to measure improvements. Should be reviewed annually.”

“I’d perhaps hold it in a reduced format. Really the conference needs to promote the JSNA as a data source and use of this intelligence for decision-making. There are established processes for this, perhaps it could focus on actions/achievements that have taken place as a result of JSNA intelligence.”

### Summary

- In summary, the majority of the respondents were already aware of and understood the role of the JSNA prior to their involvement/contribution to the JSNA Conference. Nevertheless, some of the open comments did highlight the need to improve understanding of what the JSNA terminology means across the system, particularly in the VCFSE sector and to bring more awareness and to continue to promote the JSNA.
- The feedback highlights that the respondents find the JSNA process easy and useful to be involved with in relation to all of the areas that were outlined as part of questions 5 and 7. However, capacity seems to be an issue for some. This was evident when looking at both the numbers and the open comments.



- Nearly all of the respondents said that they found the short summaries useful, especially in relation to promoting early intervention and prevention, information sharing and learning about wider health and wellbeing/public health. However, one respondent did suggest that in order to improve the short summaries they could be made even shorter with the “top 3 things to know” and “so what”.
- Over half of the respondents said that they had cited the JSNA in their work. The results also showed that the more detailed products (full report, executive summary and the Tartan Rug) were also being used by stakeholders, with the highest percentage using the Tartan Rug.
- The feedback that was received was generally positive, but some of the suggestions to improve upon the review process included, developing pictorial/easy read information for those with low levels of literacy or English as a second language, update the JSNA more frequently and hold face to face meeting where members can work together to set priorities in a workshop style.

\*Please note the missing question numbers are the open comments related to the question above \*