

engagement
community
involvement
gathering views
participation
reporting
monitoring



JSNA
Legacy Document
March 2013

Methodology and Rationale

Legacy Document Methodology and Rationale

Information for this legacy document was gathered from staff at a participative workshop using an ORID process, i.e. Objective, Reflective, Interpretive and Decisional stages. It was designed to capture the views and experience of those staff (listed in the footer) who had been directly involved in shaping and delivering this particular aspect of the work of LINK Devon.

The workshop included:

- A forcefield analysis to identify what helped and hindered LINK activities
- Charting the work of LINK Devon and identifying: what worked well; what didn't work so well; changes which were made; changes which should have been made; recommendations to Healthwatch.
- A SLOT analysis – outlining the strengths and limitations of LINK Devon, and the opportunities and threats to Healthwatch.
- Identification of key people, information, systems, tools and processes which would be useful to Healthwatch

Relevant Healthwatch Devon functions (specification)

- B3.8.1** **Function One: Gathering views and understanding the experiences of people who use services, carers and the wider community**
- B3.8.2** **Function Two: Making people's views known**
- B3.8.3** **Function Three: Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinized**

Overview

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Aim of JSNA

A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.

LINK's (and now Healthwatch's) role is to present information it has gathered (views, experiences from the population) to inform the JSNA so that commissioners have a better picture of data from communities and those who use services. There is a focus on qualitative data.

LINK undertook this development work with the JSNA team in order to prepare the ground for Healthwatch's increased role in providing quality data and its place on the Health and Wellbeing Board.

LINK has sought to promote and support the continued involvement of people in commissioning, through collaborative partnerships with key agencies in all sectors.

Outcomes

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As a result of this activity:

- Aggregated qualitative data gathered from individual respondents has increased influence at commissioning level
- Patients, users of social care and the public have been supported to be involved in the consideration of the health and well being needs of the population
- Commissioners are aware of the work LINK Devon is doing, and why
- More people have been actively involved in JSNA preparation
- There has been increased community engagement with the JSNA process
- Hard to reach and vulnerable people have a stronger local voice
- Volunteers have been able to participate in JSNA planning and development
- More is known about how to involve people in JSNA planning and development
- Active LINK involvement in the development of specific Needs Assessments in Devon
- LINK Devon was involved in a JSNA workshop involving other LINKs and public health leads responsible for developing JSNA locally, "Involving the Community Voice in JSNAs"

Recommendations

Recommendations for Healthwatch JSNA working

- **Prioritise the relationship and involvement with the JSNA development group, to build on current work and to support Healthwatch rep on the Health and Wellbeing Board**
- **Develop an overview and understanding of the role and importance of JSNA and its relationship with the joint Health and Wellbeing Strategy**
- **Engage with JSNA work schedule to target and plan specific, health-related work, to triangulate other evidence and findings.**
- **Joint development with JSNA team of a systematic approach to capturing and reporting with recommendations, on qualitative evidence.**
- **Build on data captured to date, to develop an analytical framework which fits JSNA purposes. This important and influential targeted community engagement opportunity will enable Healthwatch to share objectives and outcomes with the Joint Health and Wellbeing Board. Much of the primary and secondary data gathered through Healthwatch community engagement will be relevant to improving user voice and community perspective. This role is indicated by Department of Health policy and current emerging practice.**
- **Undertake systematic review from other sources, of current evidence around community led priorities. Involve other organisations in this e.g. NHS Devon, CCGs, Patient Reported Outcome Measures, DCC user surveys, PenCLAHRC at Peninsula Medical School.**
- **Build on LINK Devon's community engagement networks.**
- **Carry out an initial, general, large-scale survey to review community led priorities (e.g. carry out Have Your Say survey at Devon County show).**
- **Provide adequate support and training to the Healthwatch rep on the Health and Wellbeing Board, to ensure they know and are confident enough to be effective, and to ensure they have equal status, rather than being seen as a tokenistic appointment.**
- **Promote wide understanding of Healthwatch's mandate and its difference from LINKs.**
- **Understand the role and importance of JSNA from the outset, to ensure effective functioning on the Health and Wellbeing Board**

Work undertaken by LINK Devon

Work undertaken by LINK Devon

LINK became involved in the Healthier, Stronger Communities Partnership consultation. This enabled it to network with a wide range of commissioners and providers to discuss how it could contribute its qualitative data. At this stage there was limited knowledge and understanding of LINK and its remit. To rectify this, LINK increased its engagement with commissioners and providers. It was clear from this work, that LINK should have been involved in the JSNA Development Group much earlier.

Healthwatch should therefore prioritise its relationship and involvement with the JSNA development group, to build on current work and to support the Healthwatch representative on the Health and Wellbeing Board.

LINK was given a place on the JSNA development group. This enabled its Leadership Group members to understand the role and process of data gathering for commissioning. Initially, data gathering was not prioritised by LINK or its leadership group, which led to a lack of continuity in terms of its representation. A specific piece of work was undertaken by LINK on Visual Impairment, which kick-started its activities for JSNA, and demonstrated to the JSNA team the benefits of working with LINK Devon and others. It was clear again from this work, that LINK should have been involved in the JSNA Development Group much earlier, ideally at its outset.

Healthwatch should develop an overview and understanding of the role and importance of JSNA and its relationship with the joint Health and Wellbeing Strategy

LINK became involved in specific health topics. This built on its previous work with existing networks e. g. mental health. It gave

LINK the opportunity to work with other and wider organisations, e.g. public health analysts, and increased its sphere of influence. Unfortunately, some organisations felt threatened by LINK Devon's remit, and often there was insufficient time for the bridge building and reassurance that ideally should have been given to those organisations.

LINK involved an additional member of staff to work on data capture, and the Shadow Health and Wellbeing Board representative, Hilary Ackland (who is also on LINK Devon's Leadership Group), began to attend the JSNA Development Group meetings. With hindsight, higher priority and allocation of resources should have been given to specific pieces of health work.

Healthwatch should engage with the JSNA work schedule to target and plan specific, health-related work, in order to triangulate other evidence and findings.

LINK Devon contributed to a Regional workshop on "Involving the Community Voice in JSNAs", which provided the opportunity for representatives from PCTs and local authorities, who are responsible for developing JSNAs, to consider how LINKs can contribute to the process.

Healthwatch should contact the Public Health Specialist, Rosanne Sodzi, to find out if further workshops will be delivered in 2013.

Strengths and Limitations

What's helped LINK Devon's JSNA WORK?

- Willingness of statutory bodies, providers and VCS to work with LINK Devon
- Outcomes shared with statutory bodies, providers and VCS
- Good, pre-existing service user engagements networks
- All parties developed their understanding of the need for community engagement
- JSNA reps gave presentations at locality meetings to raise public awareness and gauge communities' responses
- JSNA reps also attended VCS Health Forums, thereby raising the profile of JSNA amongst VCS
- Public health understood the remit of LINK Devon
- Clear action plan jointly developed and agreed in the Visual Impairment Group. All parties worked well together on this

Strengths of LINK Devon in working with JSNA

- Continuing to build a good evidence base of qualitative data
- Involvement of a staff member dedicated to data capture
- Good community engagement networks
- Establishing key networks of groups and individuals around specific topics and workstreams

Limitations and hindrances to LINK Devon in working with JSNA

Internally:

- Lack of commitment to JSNA initially
- Lacked understanding of the benefits and importance of focused, targeted work (i.e. evidence gathered can be too broad, diverse, scattergun)
- No analytical framework to guide evidence gathering at the outset
- Lack of engagement initially by LINK Devon and DCC with commissioners and providers
- LINK Devon's capacity was limited for engagement with health inequalities, and equality & diversity work

Externally:

- Lack of community understanding of LINK remit

Potential Threats

Potential threats/limiting factors to future JSNA work

- Healthwatch representative could be seen as a lesser partner by the Health and Wellbeing Board, if they aren't adequately supported, i.e. if they don't know enough; don't feel sufficiently confident; have or feel that they have a lower status, are seen as a tokenistic appointment.
- There may be a general lack of understanding of Healthwatch's mandate and its difference from LINKs.
- If Healthwatch fail to understand the role and importance of JSNA from the outset, their functioning on the Health and Wellbeing Board could be undermined.

A Participant's View

What didn't work so well?

JSNA stats are not as illuminating as they could be, why not? E.g. they show deaths from smoking, alcohol etc, but these are not broken down in ways that are useful. Why not? Are there hidden agendas? Are they conscious or unconscious? Is this ignorance or expediency?

Drug and alcohol service users are not very well represented on JSNA due to the difficulty in engaging with them within services, as well as the lack of ability or unwillingness of some services to put the time, effort and resources into establishing a credible way of engaging and obtaining their feedback.

I'll reserve judgement on how well JSNA is going, it's too early to say. It's too early to say what changes our involvement is bringing about. Our information is qualitative, maybe we are one of the vocal minorities, who are self-selecting, which can give an information bias. JSNA may not be producing a representative picture; though people get involved in drugs and alcohol for different reasons, most end up taking the same path.

We understand and have access to drug and alcohol users, therefore we can give a realistic picture, but are we being used meaningfully, or are we tokenistic on JSNA?

Benefits it's brought

We got involved because we wanted service users to be heard. Traditional drug and alcohol users, especially those with mental health problems are not heard, they don't have a voice. They are beginning to acquire one now through our involvement. People who don't know their perspective want to represent them, but they can't really. It's very difficult for those outside of this world to get any meaningful contact with it.

Drug and alcohol users take up a significant part of the crime and health budgets. They make up over two thirds of the prison population and over two thirds of A&E patients at the weekend. Over two thirds of drug and alcohol users in prisons also have mental health problems.

As ex-addicts, we've persuaded the people we mix with here that we are okay, and in the wider arena too we are not looked at so strangely now. With drug and alcohol users, we are not talking about a different race of people -some people now appreciate this, and the cost of it all.

You have to have been involved to understand the dynamics of this world and get any meaningful contribution from people in it. Users have a lot of fear, shame and guilt around it, which makes it hard to get information from them, and also they can be chaotic. Getting access to service users through service providers is difficult, they won't share information.

Personal benefits

I've really enjoyed my involvement in the group. As an ex-service user myself, it's been fantastic to contribute, to be involved with LINK and to be able to contribute my expertise to the JSNA.

Professionally we understand "the system" better. But, they might have paid SURRF to do it if we hadn't done it for free.

It's been good working with LINK, they needed a link with the drug and alcohol users' world, and we needed to link with them. There are other things I'd like to say about LINKs and Healthwatch, but I can't because I'm subject to a confidentiality clause under monitoring contracts run by private organisations.

A Participant's View

What would have made it better?

If we'd had some funding it would have helped. I know we've had travel expenses, but we put in long days, I've often needed a coffee, while I have been waiting on the station, or a pie or pasty to keep me going, something like that. I know that doesn't sound like much, but those costs build up when you are on Benefits.

We could have contributed more, earlier and more effectively with the right level of investment. We needed more resources to get more drug and alcohol users involved. It's much easier for us to build relationships with them than to actually bring them to meetings, but we need resources -- money, to do that.

We are not paid, although we have the knowledge, skills and contacts etc. When we suggest something (to paid organisations), they say it's a bloody good idea, and then they do it. We are a rarity in this world, because we are educated, intelligent, ex-drug and alcohol users, who come from different recovery systems and have decided to become visible. We are not pushing a particular recovery model, but can put forward the voice of the user.

The future

It's critical that the representation we offer goes forward into Healthwatch, because drug and alcohol use is such a massive cost to health and law and order. Drug and alcohol abuse destroys our culture, the fabric of our society, it all suffers. You measure a society by its cultural legacy.

Drugs and alcohol should be a priority, they are very expensive and lots of people die from them. That's incredibly wasteful and the impact is massive on everyone, it hurts a lot of people, there is a moral content here.

Our involvement can't go on forever without payment, we have families etc. An ongoing evaluation process is needed to show that what's needed is to get representation at all levels of commissioning by service users - that will take time. Without that sort of investment you will just get the vocal minorities. We need to be involved in the whole process, in every aspect e.g. police, health, mental health etc, we need to be involved in all of those.

JSNA is just one small part of a very, very big picture, investment needs to be made and sustained.

Hans Zebrowski and Barry Wheeler, JSNA representatives from SURFF ((Service User Representation and Recovery Forum)

Key People to Involve

Key people to involve

JSNA officers Team:

Ian Tearle (Head of Dept); Simon Chant, Head of Public Health Intelligence team;
Dr Gemma Hobson; Matt Edmunds; Rohan Davidson; Kirsty Priestley; Bev Riach (support staff)

Development Group:

Tina Henry; Roland Pyle; Pip Tucker;
Hilary Ackland; Allen Bowen (LINK Devon)
John Bunting; Jill Davies DACVS
Diana Crump; Living Options

LINK Devon:

Host staff involved: Caroline Lee, Lorna Davis

ACS and NHS service providers:

- Engagement networks e.g. Intercom Trust; Devon Grapevine; clinical networks
- PEN CLARHC (Kate Boddy, Ruth Garside and Andy Gibson)
- Shadow Health and Wellbeing Board, Devon
- CCG (Alex Ayleward, Lay Rep NEW Devon) and other CCG Boards officers and lay rep (Torbay and S Dev inc)
- Carl Haggerty DCC Digital Inclusion
- Wider Social Determinants of health: e.g. Transport: Bruce Tomlinson;
Education: school governing bodies; Crime: community safety partnerships;
Housing: Public and social landlord providers, and residents involvement panels.
- District/town/parish councillors
- Acute/Foundation Trusts
- RDE: Natalie Stone (patient engagement), Jeff Chinnock (membership),
Tony Williams (Equality and Diversity)
- SDHCT
- NDHCT: Lindsay Stanbury (membership) ; Andrew Barge Equality and Diversity
- DPT: Linda Stapleton (PPI lead) and Sabrina McAndrew (Equality and Diversity)
- SWAST
- Housing / Housing Associations
- Environmental Health Services
- CAB, Job Centre Plus, Benefit Services
- Police
- Public Protection Department
- Education Services
- Voluntary Community Services

Further Reading and Information

Further reading and information available and its location

Systems & processes in place

- Operating principles for Joint Strategic Needs Assessments
<http://www.nhsconfed.org/Publications/Documents/operating-principles-jsnas.pdf>

Protocols, Tools, Forms etc

- Guidance on JSNA (DH pub)
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081267.pdf
- JSNA Toolkit: A Springboard for Action
http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3511245/ARTICLE-TEMPLATE
- Joint Strategic Needs Assessment: Data Inventory
http://www.local.gov.uk/c/document_library/get_file?uuid=7100ae99-276a-4b51-8662-e1a852dabe04&groupId=10171
- National Care Forum (NCF) JSNA Template for Engagement – Voluntary Sector Version

Reports & responses

- LINK Devon VIP Report
- Feedback from Dartington Hall event
- RD& E VIG Final Report

Examples of good practice in other organisations

- JSNA: Knowing your community
http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3511598/ARTICLE-TEMPLATE
- The joint strategic needs assessment NHS Confed briefing
<http://www.nhsconfed.org/Publications/briefings/Pages/joint-strategic-needs-assessment.aspx>
- Patient and public engagement for health and wellbeing boards
http://www.nhsconfed.org/Publications/Documents/Patient_and_public_engagement_health_wellbeing_boards210612.pdf
- www.vodg.org.uk JSNA pages