JSNA Commissioning Group Agenda

Wednesday 17th July, 2013, 9am – 10.30am

Conference Rm 2, Ground Floor, Bldg 1, Saltisford Office Park, Ansell Way, Warwick, CV34 4JL

Item	Title	Lead	Remarks
1.	Welcome & Apologies	CL	**Current Apologies:** ▪ Becky Hale – Strategic Commissioning, WCC ▪ Peter Hatcher – Early Intervention, WCC ▪ Rob Wilkes – Strategic Commissioning, WCC ▪ Jill O'Hagan – Coventry & Rugby CCG ▪ Katie Buckle – Warwickshire North CCG ▪ Helen Bunter Representing ▪ Jameel Malik – Housing, Warwick DC **Guests:** Hugh Disley or Helen Davies – Social Care Research Governance Board *(for item 7)*
2.	Action Notes	CL	To be agreed from 22/05/13 and actions reviewed.
3.	Proposed & Prioritisation JSNA Project Briefs for Approval	ST	▪ Drivers of Wellbeing Project. ▪ Delaying Parenthood in LAC Project. ▪ Mental Health Needs Assessment.
4.	Work Programme Update	ST & GW	Including results of prioritisation in Item 3. And commentary on potential resource requirements.
5.	Data integration Work Stream	AD	Standing Item.
6.	Website and Communications	ST	Update on Health & Wellbeing Communications Integration and Annual Update Launch.
7.	JSNA Research Governance	ST & GW	Any recommendations or actions as a result of this report: ResearchGovernanceCommGpReport_ST_ Research Governance leaflet.p
8.	JSNA University Collaboration	ST	Any recommendations or actions as a result of this report: AcademicCollaborationFindingsCommGpRep
9.	HWB Community Engagement	ST	Any recommendations or actions as a result of this report: Commissioning Group Report - Will HWB Su
10.	Any Other Business	CL	

11.	Next Meeting	CL	**Mon 23/09/13 2-15.30pm**: Meeting Rm 5, Northgate House Conference Centre, Warwick.

JSNA Commissioning Group

Action Notes

Wednesday 22nd May 2013

Attendees

Chair
Chris Lewington (CL)	Strategic Commissioning, WCC

Warwickshire County Council
Andrew Sharp (AS)	Strategic Commissioning
Andy Davis (AD)	Observatory
Becky Hale (BH)	Strategic Commissioning
Dan Green (DG)	Localities & Partnerships
Gareth Wrench (GW)	Observatory (Public Health)
Kate Harker (KHa)	Strategic Commissioning
Liz Holt (LH)	Learning & Achievement
Makbul Kasli (MK) representing Jenny Butlin-Moran	Safeguarding
Simon Tidd (ST)	Strategic Commissioning
Victoria Jones (VJ)	Warks' Children and Voluntary Youth Services (WCVYS)

Other Organisations
Gary Hammersley (GH) representing Anna Burns	South Warwickshire Clinical Commissioning Group
Katie Buckle (KB)	Warwickshire North Clinical Commissioning Group
Nick Cadd (NC)	Stratford District Housing
Paul Roberts (PR)	North Warwickshire Borough Housing
Paul Tolley (PT)	Warwickshire Community & Voluntary Action (WCAVA)
Ruth Hallett (RH) representing Jill O'Hagan	Coventry & Rugby Clinical Commissioning Group

Regrets

Warwickshire County Council
Peter Hatcher	Early Intervention
Rob Wilkes	Strategic Commissioning

Other Organisations
Deb Saunders	Warwickshire Healthwatch
Jameel Malik	Warwick District Housing
Kevin Hollis (KHo)	Nuneaton & Bedworth Leisure Trust

Item 2 – Action notes and logs from 13th March meeting
These were both agreed as true records of the 24th January meeting with no amendments. The action log was updated for 22nd May 2013 and forms Annex A to this document.

Commissioning Group Decisions
• Actions now marked as 'Complete': 9, 25, 27, 39, 41, 42, 43 and 44.
• The following actions remain open and have been updated, where relevant: 21 and 36.
• The following action is no longer extant but was not completed. This has been 'Closed' and new actions have been created or decisions noted: 37.
• The following actions are now overdue: 21 and 36.

Actions:	
☆ Discuss the resourcing of Needs Assessment and other project work (such as the data integration work-stream and communications) with the Strategic Group by 17/07.	CL

Item 3 – Data Integration
AD described the scoping of the Social Care Data Integration Pilot Project, which was covered in further detail under Item 6. However, there was consensus that this more than a Social Care issue and that the project should become a wider work-stream and will continue to be reported on regularly.

Commissioning Group Decisions
• The Data infrastructure work shall become a work-stream and remain a standing item on the Commissioning Group agenda.

Item 4 – Annual Update
CL and ST described the production of the 2013 JSNA Annual Update. This has now been approved by the Strategic Group and is going to the HWB on 11th June.

Commissioning Group Decisions	
• There was recognition of the need to set the next iteration of themes, topic and priorities for the JSNA beyond 2014 but also that we are in a better place to do so. There was consensus that this should be done in consultation with stakeholders and the public and the results should align with the requirements of commissioners.	
Actions:	
☆ Complete a proposal for a project to seek the priorities for the next three years of the JSNA by 17/07.	CL, AD & ST
☆ Distribute the final version of the Annual Update by 22/05	ST

Item 5 – Website and Communications
GW and ST presented for discussion the proposal for the amalgamation of health and wellbeing related websites and pages, under a health and wellbeing landing page. The proposal was unanimously supported.

Commissioning Group Decisions	
• The proposal was unanimously approved and is approved. There is no requirement for the approval to be sought from the Strategic Group or HWB.	
• The re-launch should be tied into the release of the Annual Update and the new HWB.	
Actions:	
☆ Update the Commissioning Group on progress on website redesign and relaunch by 17/07	ST & GW

Item 6 – Project Prioritisation and Approval
GW and ST presented the four projects' briefs and prioritisation scores, scoped and prioritised by the JSNA working Group to date, for review and approval.

Commissioning Group Decisions
• The *Autism Needs Assessment* was approved and its priority adjusted from 22 to 26. Amanda Burn who works for BH will continue to be the Project Executive.
• The *Learning Disabilities Needs Assessment* was approved and its priority adjusted from 21 to 23. BH was nominated to be the Project Executive.
• The *Social Care Data Integration Pilot Project* was approved but transformed into a work-stream to continue to drive the integration of data from all stakeholders. Its priority was adjusted from 19 to 21. However, there was recognition of the inadequacy of the prioritisation process to accommodate supporting 'infrastructure' projects. AD was nominated to be the Executive for this work-stream. The work-stream would continue to be resourced as long as it did not adversely impact the delivery of core needs assessment work.
• The *Impact of the Welfare Reforms Assessment* was approved and deemed to be the Commissioning Group's **highest priority**. Its priority was adjusted from 19 to 30. The Project Executive is expected to be a Public Health Consultant yet to be nominated by John Linane.

• It was decided that the resource requirement (either financial or human) required to deliver projects needed to be more effectively captured, both at project start-up and in delivery. ST will track project costs.	

Actions:	
☆ Amend the project *scoring forms* to reflect the Commissioning Group's changes by 17/07.	ST
☆ Ensure the distinctions between needs and unmet needs and their underlying causes, including problems with the current process are adequately addressed in our current Needs Assessment template by 17/07.	GW
☆ Speak with CCG colleagues about the difficulties that must be overcome in developing data sharing protocols between partners by 17/07.	CL
☆ Incorporate the resource required to deliver a project in the *Prioritisation Scoring Form* by 17/07.	ST
☆ Speak to John Linane about who is best placed to act as the Project Executive for the *Impact of the Welfare Reforms Assessment* by 17/07	GW
☆ Speak to Coventry about the potential for collaboration on the *Impact of the Welfare Reforms Assessment* by 17/07	GW

Item 7 – Work Programme

ST gave a very brief overview of options for how the Commissioning Group could be provided with progress updates on the JSNA Work Programme.

Commissioning Group Decisions
• The visual representation of the Work Programme provided by MS Project's timeline was preferred as the means of communicating progress.
• It was decided that highlight reports for projects were not required and that reporting to the Commissioning Group should be by exception only.

Item 8 – Any Other Business

Actions:	
☆ Produce a paper for the next Commissioning Group meeting on the use of qualitative data and the software options available by 17/07	CL & AD

Item 9 – Date of Next Meeting: 9am - 11am, Wednesday 17th July 2013, Conference Room 2, Building 1, Ground Floor, Saltisford Office Park.

Project Brief: Delaying Parenthood in Looked After Children

Document Information

Project Name:	Delaying Parenthood				
Date:	Thursday, 09 May 2013	Version:	1.0	Release:	Final
Author:	Rita Ansell and Simon Tidd				
Owner:	Amy Danahay Public Health and Jo Davies, County Leaving Care Service				
Document Ref:	N/A				

This document is only valid on the day it was printed.

The source of the document will be found at this location: H:\SICM\05 Workstreams\Observatory\14 JSNA\Projects\2013_Delaying Parenthood in LAC Project\Management Products\Baseline Products

Revision History

Revision Date	Previous Revision	Summary of Changes	Change Marking
29-Apr-13	15-Mar-13	Changes to the Project Scope	N/A
9-May-13	29-Apr-13	Minor formatting changes	N/A
20-May-13	9-May-13	Final Draft for approval	N/A

Approvals

This document requires the following approvals.

N.B. Signed approval should be filed appropriately in the project filing system.

Name	Signature	Title	Date of Issue	Version
Amy Danahay		Respect Yourself Campaign Manager	29-Apr-13	0.3
Jo Davies		Qualified Social Worker, County Leaving Care		

Distribution

This document has been distributed to:

Name	Title	Date of Issue	Version
Name of person or group	*Person's title or description of group*	*Select date*	*Version*

N.B. Projects are prioritised through the application of the prioritisation matrix, which can be found here: Prioritisation Matrix. Please use the matrix to target the contents of this brief, to ensure the project is prioritised correctly.

1 Project Definition *(describe the project)*

Background:

Little research has been conducted into the reasons why young people who have been looked after are more likely to become teenage parents; lack of knowledge about contraception, lack of understanding of the consequences, positive choice, feeling like pregnancy is the only choice. The Respect Yourself Sexperts group has identified the reduction of looked after children who become young parents as a priority, as looked after children are 2.5 times more likely to become teenage parents than non-looked after children.

Desired Outcomes:

1. Improve our understanding of the psychological attributes of Warwickshire's LAC[1] by analysing SDQ[2] data and comparing this with the outcomes of national research undertaken in this respect.
2. Improve our understanding of:
   - What specifically is not working in educating LAC about how to prevent pregnancy?
   - Why, if they have all of the knowledge, they are choosing to either ignore it or actively trying to get pregnant?
   - What can be done differently to achieve the desired outcome of improving sexual health and post care outcomes?

Warwickshire aims to understand which of these factors are most relevant to LAC in our county to enable County Sexperts to focus on the key risk factors and to improve outcomes for LAC and care leavers.

Scope:

LAC and care leavers aged between 13 and 23 from all of the 5 Districts and Boroughs of Warwickshire.

Exclusions:

- LAC under the age of 13
- LAC or previously LAC over the age of 23
- Children with disabilities who are under the care of the IDS [3]and also UASC[4].

Project Objectives:

To conduct research with a minimum of 25 LAC or previously LAC, to identify the most relevant risk factors including:

- Male and females
- LAC/care leavers who are displaying risky sexual behaviour,
- Pregnant LAC/care leavers,
- LAC/care leavers who are parents.
- Young people who are achieving extremely well to understand what assisted them with their success

The interview process will be used to improve education and support and resources will be on hand to help explore myths and misconceptions as appropriate. The Respect Yourself Website and App will be used and promoted as part of this study.

Locations for the consultation will be sought with the aim of promoting local opportunities and support i.e. colleges and children's centres.

Initial gathering of data to establish a baseline number of looked after children who have become parents.

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[1] *Looked After Children*
[2] *Strengths and Difficulties Questionnaire*
[3] *Integrated Disability Service*
[4] *Unaccompanied asylum-seeking children in Warwickshire*

The production of a full report complete with recommendations for commissioners, service providers, the Leaving Care tem and Early Intervention services;

This project will take the findings from the national projects and include the potential reasons in our discussion guide.

Agreement, in principle, to explore and jointly fund recommendations resulting from the research.

The Intended User and other Interested Parties:
The County Sexperts Group and Respect Yourself Campaign.
Where appropriate, the findings may be disseminated to the Children's Trust Area Partnerships where findings are pertinent to the work members are carrying out.

The findings of this research will be most relevant to:

- Schools, colleges, further education establishments.
- Children's Teams
- Foster carers / Children's Homes
- Commissioners of services to reduce numbers of teenage pregnancies and increase sexual health.
- Young people

Constraints and assumptions:

- Young people being identified for involvement with the research.
- Young people engaging.
- Quality and quantity of SDQ data.

Interfaces:

- Respect Yourself Campaign Team (WCC)
- Sexperts Group
- Social workers (WCC)
- Business Intelligence (Children's) (WCC)

Does the project encompass or directly relate to any statutory duty(ies)? If so, what are they and in which legislation can they be found? Yes: ☒ No: ☐

Health and Social Care Act 2012: To reduce inequalities in health.

Part 2 of the Child Poverty Act 2010 places duties on local authorities (LAs) and named partners to 'cooperate with a view to reducing and mitigating the effects of child poverty in their areas'.

Raising the Participation Age: The Education and Skills Act 2008 sets out that from 2015, all young people (16 and 17 year-olds) will be required to participate in education or training.

Looked After Children: To promote the educational achievement of LAC - **Section 22(3A) of the Children Act 1989.**

The Crime and Disorder Act 1998 requires that local authorities, police forces, police authorities, probation committees and health authorities not only work together, but also work with the community and the voluntary sector to develop and implement strategies for reducing crime and disorder in their area.

Does the topic align with Key Stakeholder's Strategic Priorities (WCC, CCGs, and Districts & Boroughs)? If so, how and what are they? Yes: ☒ No: ☐

The Respect Yourself Sexperts group has identified the reduction of looked after children who become young parents as a priority .
MYP[5]/Vox [6]elections identified relationship and sex education as a priority:
http://warwickshirect.wordpress.com/2013/03/06/myp-vox-elections-201314/

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[5] *Member of Youth Parliament*
[6] *Voice of Experience – young people youth forum*

Does the topic tie in with any of the existing Warwickshire JSNA priorities identified in the 2011 Annual Review? If so, which and where can they be found? Yes: ☒   No: ☐

Key priorities from the JSNA Annual Review 2011 includes:
A reduction in under 18 conceptions (page 9);
Improved outcomes for Looked After Children (page 7);
Lifestyle factors affecting health and well-being (page 9)
Reducing health and well-being inequalities – fewer teenage pregnancies (page 14)

Is there any national research, local research or anecdotal evidence you are aware of about this issue?

Garnett, L. (1992) Leaving Care and After London, National Children's Bureau
Biehal, N., Clayden, J., Stein, M. and Wade, J. (1992) Prepared for Living?
Biehal, N., Clayden, J., Stein, M. and Wade, J. (1995) Moving On. Young People and Leaving Care Schemes London, HMSO
Biehal N, Clayden J, Stein M and Wade J (1992) Prepared for Living?
Biehal N, Clayden J, Stein M and Wade J (1995) Moving On: Young People and Leaving Care Schemes. London: HMSO
Gelder U (2002) Boys and Young Men, Newcastle, University of Newcastle and Dept of Health Social Exclusion Unit.

2   Outline Business Case *(why you think we need to do it)*

The project is **required** because teenage pregnancy is deemed a 'serious social problem'; having children at a young age can damage young parent's health and well-being and severely limit their education and career prospects. The **problem** that the project will address is why looked after young people are more likely to become teenage parents. The project aims to understand which factors are most relevant to LAC in our county to enable County Sexperts to focus on the key risks. The **driver** for is that the Respect Yourself Sexperts group has identified the reduction of looked after children who become young parents as a priority.

Our **options** are to just conduct desk based research on what the Warwickshire knowledge base suggests and/or incorporate the use of SDQ completed by LAC to try and get a greater understanding of the issues. However, this exercise is unlikely to show an accurate picture and comparisons would be hard to establish. The overall SDQ score in itself would not be sufficient and it would be difficult to identify parents from non-parents. In addition, not all young people attend their health assessments.

It is therefore considered that a more specific piece of work is required in addition to the desk based research. We could conduct some additional primary research and consultation through surveys or interviews to gain further qualitative insight and understanding about what specifically is not working in educating looked after children about how to prevent pregnancy in order to improve outcomes for looked after children and care leavers.

We would **benefit** by having specific insight into why looked after young people are more likely to become parents and what can be done differently to achieve the desired outcome of improving sexual health and post care outcomes.

3   Project Product Description *(what you physically want to receive)*

The project's **product** will consist of:

- A data set of primary research conducted to investigate the problem
- An interpretation of any national or international research
- A document and presentation that interprets the findings of those data
- An 'easy read' version of the report and presentation
- A summary of key findings and recommendations
- A webpage on the JSNA site and associated HWB communications
- A "newsletter" – a one page document to disseminate findings to participants

Any reports, although they may be supplemented by academic papers, need to be usable to commissioners. The finished products will need to be signed off by the Commissioning Group prior to acceptance

4 Project Approach *(how we will go about doing it)*

We will deliver the project through the existing JSNA programme management structures and processes. Individual elements may be provided by internal or external resources and will be further clarified during the project's initiation. Additional resources can be drawn from the Respect Yourself Team and County Sexperts.

It may be we can utilise the Annual Pupil Survey 2012 to provide some primary research.

The expectations are that:

- Research is conducted in a professional and academic format.
- Every effort will be made to remove practical barriers to participation such as childcare, transport costs. Funding has been allocated for this purpose.
- Carefirst data will be analysed for all those who agree to take part in the study and a brief case history will be obtained from social workers as background preparation for individual interviews. This will ensure that the researchers have a clear understanding of the personal history and personal circumstances of the participants, which can be taken into account during the interview process to ensure that each situation is managed appropriately.
- Participants will be re-assured about issues of confidentiality, subject to Child Protection issues, disclosures or allegations. Participants will be given the opportunity to withdraw from the interview at any time if they feel the need to do so. The research team will ensure their own safety by taking the necessary precautions.
- Young parents that may disclose they require help and support with delaying parenthood will be asked if they would be happy for their request to be passed on to the relevant people to provide that help and support.
- The report will be accepted by the County Sexperts group as a whole, ensuring it meets all the objectives set out previously.

Acceptance criteria

- Process of identifying young people and planned approach agreed by all.
- Full research report engaging with a minimum of 25 looked after or previously looked after young people, minimum of 5 interviews undertaken in each area.
- Performance management agreed and system in place for monitoring.

5 Project Team Structure & Roles *(who is involved)*

The Project Board will consist of a JSNA Project Manager, the **Project Executive**, who will be Amy Danahay, Respect Yourself Campaign Manager for Young Peoples' Sexual Health, and a **Senior User**, who will be The County Sexperts Group and Respect Yourself Campaign. The **Supplier** interests will be represented by the Project Manager and the Respect Yourself Campaign and Business Intelligence (Children's).

6 References

The Government's Teenage Pregnancy Strategy 1999
Health and Social Care Act 2012
Positive for Youth: A new approach to cross-government policy for young people aged 13 to 19 (2011)
Warwickshire County Council Teenage Pregnancy strategy
Director of Public Health Report 2011
Warwickshire's Health and Well-being Strategy 2012

Project Brief: Drivers of Wellbeing Project

Document Information

Project Name:	Drivers of Wellbeing Project				
Date:	Thursday, 09 May 2013	**Version:**	V0.3	**Release:**	Draft
Author:	Simon Tidd				
Owner:	Andy Davis, Observatory Manager				
Document Ref:	N/A				

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Revision History

Revision Date	Previous Revision	Summary of Changes	Change Marking
10-Apr-13	N/A	Initial draft	N/A
24-Apr-13	10-Apr-13	Amendment of project brief template	N/A
9-May-13	24-Apr-13	Addition of statutory requirement Q	N/A

Approvals

This document requires the following approvals.

N.B. Signed approval should be filed appropriately in the project filing system.

Name	Signature	Title	Date of Issue	Version
Andy Davis		Observatory Manager	9-May-13	V0.3

Distribution

This document has been distributed to:

Name	Title	Date of Issue	Version
All members	JSNA Working Group	9-May-13	V0.3

Table of Contents

N.B. Projects are prioritised through the application of the prioritisation matrix, which can be found here: Prioritisation Matrix. Please use the matrix to tailor the contents of this brief, to ensure the project is prioritised correctly.

1   Project Definition *(describe the project)*

This project stems from the publication of The Quality of Life Report 2012, which highlighted some new data from the ONS. This indicated that people in Warwickshire were less happy than comparative upper tier LA areas. There is no below county analysis yet available and no explanation of why. It was also the first time the data had been released, at a single snap shot in time and thus, it is difficult to assess the validity of the findings.

Our JSNA at the moment is very focussed on the more obvious health indicators and metrics. Attention to the wider determinants of wellbeing would be a different and very valuable source of evidence. Happiness has a role to play across the life course and contributes to many facets of an individual's health and wellbeing, thus it directly impacts almost every area of health and social care. People's perceptions of their own quality of life are often more important than their physical or mental health and may differ across similar 'user groups'.

We would benefit from some below county level analysis and, recognising the myriad aspects of wellbeing (WB), want some evidence of the real drivers of WB in Warwickshire. When the ONS publish the next round of data, we want a better understanding of the drivers behind it.

The **scope** is limited to Warwickshire. Expected **users** will be the Health and Wellbeing Board (HWB) and individual partners, who may or may not commission or provide services.

Objectives are:

- To understand the drivers behind 'happiness' and wider wellbeing in Warwickshire
- To understand the differences across the county in people's **perceptions** of their own health and wellbeing
- To broaden the Warwickshire JSNA evidence base
- There are no particular time constraints at present

Interfaces:

- The Warwickshire Observatory Quality of Life Report 2012
- The ONS Happiness and Wellbeing Report 2012
- Warwickshire 'Place and Lifestyle' survey *(proposed - due to go to HWB in June '12)*

This work does, to an extent, assume the findings of the ONS report are valid. However, it also provides a useful means to test their validity.

Does the project encompass or directly relate to any statutory duty(ies)? If so, what are they and in what legislation can they be found?   Yes: ☐   No: ☒

Not directly.

Does the topic align with Key Stakeholder's Strategic Priorities (WCC, CCGs, and Districts & Boroughs)? If so, how and what are they?   Yes: ☐   No: ☒

Not directly. It is widely acknowledged that the wider determinants of health and wellbeing are not given sufficient attention and this is an opportunity to address that.

Does the topic tie in with any of the existing Warwickshire JSNA priorities identified in the 2011 Annual Review? If so, which and where can they be found?   Yes: ☒   No: ☐

Although not directly mentioned, it directly contributes to several and probably most closely aligns with 'Healthy Lifestyles' on p.20-21 of the HWS and p8-9 of the 2011-12 JSNA Review.

Is there any national research, local research or anecdotal evidence you are aware of about this issue?

The reports that highlight the issue have already been mentioned but they do not investigate the drivers:

- ONS The ONS Happiness and Wellbeing Report 2012
- The Warwickshire Observatory Quality of Life Report 2012

There may be further research elsewhere and finding this would need to be part of the project.

2 Outline Business Case *(why you think we need to do it)*

We don't have any understanding of the drivers behind why Warwickshire scored relatively poorly on the happiness metrics and do not have any analysis below county level. In addition, the JSNA does not have much evidence on the wider determinants of health and wellbeing. The **driver** for this project is the publication of the Quality of Life Report, our lack of insight beyond it and the high level of interest stakeholders have expressed in its findings.

Our **options** are:

- To do nothing and see what this year's Quality of Life Reports shows in September. The danger with this approach is that we would have two lots of data without any additional research or insight.

- We could also conduct desk based research on what the wider knowledge base suggests

- And/or incorporate the use of primary research to understand any local nuances. This could be done internally or utilise the use of external researchers, perhaps utilising a local research institution like Warwick University.

We would **benefit** by having a greater understanding of people's perceptions of their own wellbeing. This would allow the HWB and its partners to better decide on their priorities and agenda.

3 Project Product Description *(what you physically want to receive)*

The project's product will consist of:

- A data set of primary research conducted to investigate the problem
- An interpretation of any national or international research
- A document and presentation that interprets the findings of those data
- An 'easy read' version of the report and presentation
- A summary of key findings and recommendations
- A webpage on the JSNA site and associated HWB communications

Any reports, although they may be supplemented by academic papers need to be usable to commissioners. The finished products will need to be signed off by the Commissioning Group prior to acceptance

4 Project Approach *(how we will go about doing it)*

We will deliver the project through the existing JSNA programme management structures and processes. Individual elements may be provided by internal or external resources and will be further clarified during the project's initiation. It is expected that unless internal resource can be dedicated to it, the project will require external support and additionally the project may be better served by subject matter experts, where required.

It may be we can utilise the proposed Warwickshire 'Place and Lifestyle' survey *(proposed - due to go to HWB in June '12)* to provide some primary research.

The project may be of interest of a Public Health Consultant, who may be able to support the desk based research and interpretation.

5 Project Team Structure & Roles *(who is involved)*

The Project Board will consist of a JSNA **Project Manager**, the **Project Executive**, who ideally should be a member of the HWB. Failing that, a member of the JSNA Commissioning Group should be allocated (Chris or Nick Cadd?), and a **Senior User**, who will be the Observatory Manager. The **Supplier** interests will be represented by the relevant resources that end up doing the work, be they internal or external.

6 References

ONS The ONS Happiness and Wellbeing Report 2012

The Warwickshire Observatory Quality of Life Report 2012

Project Brief: Warwickshire Mental Health Needs Assessment

Document Information

Project Name:	Warwickshire Mental Health Needs Assessment				
Date:	Friday, 14 June 2013	Version:	1.0	Release:	Final
Author:	Lisa Lissaman				
Owner:	Becky Hale, Service Manager, Strategic Commissioning, People Group				
Document Ref:	N/A				

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The source of the document will be found at this location: H:\SICM\05 Workstreams\Observatory\14 JSNA\Projects\2013_Mental Health NA\Management Products\Baseline Products

Revision History

Revision Date	Previous Revision	Summary of Changes	Change Marking
14-Jun-13	N/A	Version 1.0 for prioritisation	N/A

Approvals

This document requires the following approvals.

N.B. Signed approval should be filed appropriately in the project filing system.

Name	Signature	Title	Date of Issue	Version
Becky Hale		Service Manager	N/A	1.0

Distribution

This document has been distributed to:

Name	Title	Date of Issue	Version
All Members	JSNA Working Group	19-Jun-13	1.0

Table of Contents

N.B. Projects are prioritised through the application of the prioritisation matrix, which can be found here: Prioritisation Matrix. Please use the matrix to tailor the contents of this brief, to ensure the project is prioritised correctly.

1 Project Definition *(describe the project)*

Currently Warwickshire County Council does not have a Mental Health Strategy. The Joint Commissioning Strategy for Adult Mental Health Services which was developed by Warwickshire County Council and Warwickshire Primary Care Trust (NHS Warwickshire) was effective between 2007 and 2010.

The **objective** of this project is to provide a robust analysis of the quantitative and qualitative data available on Mental Health in Warwickshire. This should allow commissioners within WCC, Public Health colleagues and providers across Warwickshire to maximise the skills and expertise of both children's and adult's services in developing a smarter approach to designing and commissioning support and services.

At least one in four people will experience a mental health problem at some point in their life, one in six has a mental health problem at any one time and at least half of all adults will experience at least one episode of depression during their lifetime. It is predicted that currently across Warwickshire there are 80,903 individuals aged 18-64 with a Mental Health need and this is expected to rise 6% by 2030. With the UK economy currently experiencing flat line growth and a decline in the public sector it is anticipated that demand for Mental Health services may increase in response to unemployment, personal debt, home repossession and other forms of economic impact.

The data for people aged 65 years and above with severe depression, depression and dementia also show an increase.

Its **scope** is:

- Adults and children of all ages.
- To include data collection on:
    - national and local:
        - supply and demand
        - need/prevalence
        - match between need and service
    - To include historical data, where it is available
    - Forecasting for the next five years, where possible
    - Include qualitative data from consultation with customers, parents, carers and providers
    - Focus on forecasting on the period up until 2020 but identify longer term trends
    - Include education, training and employment needs
    - Include health related data
    - Include research, policy documents developed by market leaders, Department of Health, British Psychological Society etc
    - Include related housing data specifically in terms of where people are currently living, e.g residential care, with parents/partners, or carers etc

The intended **users** of the project's products are expected to include:

- Strategic commissioning professionals, including the WCC Service Managers for Mental Health and CCG Commissioners
- Public Health
- Mental Health Operational Teams
- Coventry and Warwickshire Partnership Trust
- Learning & Achievement Commissioning professionals
- Customers, Carers and Providers

The project and its products will **interface** with:

- Health and Wellbeing Strategy
- Clinical Commissioning Group (CCG) Integration Plans
- Public Health

- The Market Position statement (draft)
- Housing with Care Strategy (Refresh)
- Learning Disability Strategy 2011 -2014
- The Carers' Strategy
- The Autism Strategy *(in development)*

Does the project encompass or directly relate to any statutory duty(ies)? If so, what are they and in which legislation can they be found?   Yes: ☒   No: ☐

Implementation framework No Health without Mental Health' - page: 26 / third bullet point under 'What adult social services can do' :Social services can also exert a major influence on the planning and delivery of mental health services, for example by joining up health, social care and housing support and by involving service users as equal partners in commissioning and monitoring services.

Does the topic align with Key Stakeholder's Strategic Priorities (WCC, CCGs, and Districts & Boroughs)? If so, how and what are they?   Yes: ☒   No: ☐

Page 14 of Strategic Commissioning Business Unit Plan, Health and Wellbeing Interim Strategy

Does the topic tie in with any of the existing Warwickshire JSNA priorities identified in the 2011 Annual Review? If so, which and where can they be found?   Yes: ☒   No: ☐

Page 12 – a full needs assessment.

Is there any national research, local research or anecdotal evidence you are aware of about this issue?

Cross Government all age strategy 'No Health without Mental Health', POPPI, PANSI, Making Space (Warwickshire service user involvement)

2   Outline Business Case *(why you think we need to do it)*

The project **is required** to inform the production of a new All Age Mental Health Strategy to cover the period 1st April 2014 to March 2017.

The key **driver** for this needs assessment is the production of that strategy. In order to develop such a strategy, service commissioners require the best available information on the needs of people with Mental Health in Warwickshire, along with a view as to how these might change in the future.

The options available are believed to be as follows;

- Do nothing and produce the strategy without an assessment of need
- Produce an assessment of need using only existing datasets, easily to hand (A MH Needs assessment was completed and published early 2012 however it would be beneficial for a more detailed, joined up Health and Social care needs assessment to be undertaken to inform MH commissioning decisions
- Produce a comprehensive JSNA needs assessment

By choosing to produce a comprehensive JSNA needs assessment, Commissioners will benefit by having access to robust evidence, to support or question the applicability of suggested models of care/support for MH, now and in the future. It will also ensure that the needs of children and young people with MH are included.

A comprehensive needs analysis would support the following:

- The production of a strategy that effectively describes how Warwickshire will meet the needs of its residents with Mental Health now and in the future.
- An opportunity to work collaboratively across the People Group, encompassing adult and child social care and more widely with CCGs, Healthwatch etc
- Improved collection of data relating to Mental Health

3   Project Product Description *(what you physically want to receive)*

The project will **produce**:

- A succinct report document, with a seamless address of children's and adults.
- Data to be broken down by district and ward level (figures and heat maps if applicable).
- A supporting presentation to Lisa Lissaman and other Mental Health colleagues.
- An 'easy read' version of the report and presentation

Expectations are that:

- The projects products are to be completed by ???
- Charts and tables and any accompanying information either in addition to the text or to be added as appendices
- Charts and tables to be presented in a format agreed in advance
- All the outputs will be suitable to be public facing
- The outputs will avoid or explain acronyms
- Endnote and footnotes will be utilised to keep the main text succinct
- It will be appropriate for the audience and adhere to data protection

Acceptance of the project's products will involve initial approval from the Senior User, Lisa Lissaman, followed by final approval by the JSNA Commissioning Group.

4   Project Approach *(how we will go about doing it)*

The project will be delivered under Warwickshire's JSNA and managed under its project management arrangements. Once formed the JSNA Commissioning Group will provide the 'programme' or 'corporate' management. The final products will also go via the JSNA Commissioning Group for inclusion in Warwickshire's JSNA.

The desk based, research, quantitative data collection, its analysis and the production of the project's products will need to be conducted/supported by the Business Intelligence Team.

5   Project Team Structure & Roles *(who is involved)*

The Project Board will consist of a JSNA Project Manager. The Project Executive will be Becky Hale and Senior User for the project will be the Service Re-design Officer (currently Lisa Lissaman). The Supplier interests will be determined if the project is initiated.

6   References

To any associated documents or products.   ***(Max: 100 words)***

Commissioning Group

3rd July 2013

JSNA Research Governance

Summary

This paper briefly describes the JSNA working Group's requirement for clarity over the governance of JSNA research and recommends a way forwards

Recommendation for the JSNA Commissioning Group:

That the JSNA Commissioning Group seeks agreement with stakeholders that the JSNA Commissioning Group is adequately equipped and best placed to carry this out for JSNA research, using existing processes or seeks further direction from the Health and Wellbeing Board.

1   Introduction

In Warwickshire, both Social Care and Health have existing and differing structures and processes to govern research. Warwickshire Health and Wellbeing Board (HWB) and Warwickshire's JSNA have inherited these and there is a need for clarity over what governance applies. This paper briefly describes the JSNA Working Group's recommendation to the Commissioning Group for a way forwards.

2   Background

Research governance structures and processes exist to monitor research that involves service users from a methodological and ethical perspective. It seeks to control research conducted by external parties, such as academics and internal intelligence functions.

The changes in health and social care and the active research agenda pursued by the JSNA, sitting across both areas have made it unclear what governance applies. Furthermore, the JSNA has its own governance process embodied in the JSNA Commissioning Group, who if agreed by stakeholders may be equipped and best placed to govern JSNA research.

There remains the requirement to govern external and other research and whether the existing separate structures should continue to govern this is beyond the scope of this paper. JSNA research is already on-going and has not gone through either health or social care, which is an area of concern to some.

3   Conclusion

A decision as to what research governance applies to JSNA research is needed. The JSNA Working Group believes that in principle this should not duplicate existing structures or generate more work, which may slow progress. However, the group recognises the need to ensure research is properly governed, be it for the JSNA or not. The group believes the JSNA Commissioning Group is adequately equipped and best placed to carry this out for JSNA research, using existing processes. Failing agreement from stakeholders on this, it is believed that direction should be sought from the HWB.

What do you need to do?

You will need to get your research approved before you can start the research in an authority. For advice on Research Governance approval and if your project requires approval, you can talk to your local authority Research Governance lead officer (see contact details below).

If your project involves research in more than one authority within the Midlands region, then the approach to RGF across the region should greatly help you.

Fourteen Midlands Councils with Social Services responsibilities have linked up to form the Midlands Research Governance Group. The group aims:

- to develop high quality, clear, robust and compatible Research Governance systems in all participating authorities

- to support reciprocal good quality assessment arrangements relating to research projects that involve more than one Midlands authority (multi-site research)

- to promote RGF across the region, with the aim of enhancing and maintaining high scientific and ethical standards of research in social care

The participating authorities are:

- Birmingham City Council Adults & Communities/Children Young People & Families

- Coventry City Council

- Dudley Directorate of Adults Community and Housing Services

- Herefordshire Council

- Northamptonshire Community Services and Services to Children and Young People

- Sandwell Adults and Community Services

- Solihull Metropolitan Borough Council

- Staffordshire County Council

- Stoke on Trent City Council

- Telford & Wrekin Adult and Consumer Care

- Walsall Council

- Warwickshire County Council - Adult, Health and Community Services & Children, Young People & Families Directorate

- Wolverhampton Adults & Community/ Children and Young People's Services

- Worcestershire County Council

For more Information about Research Governance in this area please contact:

Research Governance in Social Care

This leaflet provides essential information to anyone who is thinking of doing research that involves users of social services, their carers or people working in social care settings.

Research Governance in Social Care

Who is this information for?

Are you a member of an independent or academic research group, a member of a voluntary group, someone who works in a local authority setting, a student or research supervisor?

If you are, then you should be aware of the Research Governance Framework (RGF) which concerns arrangements to support people who want to do research and sets standards and safeguards which are designed to protect those who might wish to participate in the research.

Why do we need the Research Governance Framework for Health and Social Care?

The Research Governance Framework (RGF) is to ensure

- research is done to high scientific and ethical standards
- safeguards are in place for anyone taking part in a research project
- responsibilities and accountabilities are clear to everyone involved in the research project

Which research participants does the Framework apply to?

The Framework applies to Councils with Social Services responsibilities, their staff, the people receiving social care, and the data held about them. They may be:

- service users
- relatives or carers
- people employed by the local authority social care services

The coverage of the Framework depends on how it has been implemented locally; but it will apply to all adult social care services. In a number of authorities it will also apply to children's services and can also apply to the authority as a whole.

What research is covered in the RGF?

Research is described as:

'...most forms of disciplined enquiry involving the systematic collection of data using explicit research methods and techniques'.

(Department of Health, RGF Implementation Plan for Social Care, 2004)

The deliberately inclusive definition covers most forms of research activity.

It includes projects that are not always considered to be research. As well as surveys, evaluations and focus groups it can include non financial audits and some forms of consultation. Student projects are also included.

The project may be funded internally or externally; it might be carried out with the assistance of in-house staff or undertaken completely independently.

The only thing that is not subject to RGF approval is where the project is concerned with the collection and analysis of management information and is therefore not research.

Commissioning Group

9ᵗʰ July 2013

Findings from Preliminary Investigation into University Collaboration

Recommendations

- *The JSNA Commissioning Group develop a means to effectively share our research programme with interested academics in both Warwick and Coventry Universities, and possibly wider.*
- *The JSNA Commissioning Group share any established links with academics amongst the group.*
- *The JSNA Commissioning Group considers tendering for larger pieces of research that attract academic interest and further investigate the costs involved.*
- *The JSNA Commissioning Group consider having academic representation in the membership of their group or the Health & Wellbeing Board.*
- *A representative from Warwickshire's JSNA attends a future Behavioural Science Group meeting at Warwick Business School to communicate the Warwick JSNA research programme and strengthen relations with this group.*
- *A representative from Warwickshire's JSNA or the Observatory engages with Professor Mitchell to collaborate on his work on regional and sub-regional economic forecasting.*
- *A representative from Warwickshire's JSNA engages with Professor Stewart-Brown regarding her future research agenda.*

1   Introduction

The Chair of the JSNA Commissioning Group asked for a preliminary investigation into how the JSNA might best utilise local academic institutions, notably Warwick and Coventry Universities, to contribute and collaborate on the JSNA research programme. This report presents the findings of that investigation. Any key findings throughout the document are *italicised*.

2   Background

Warwickshire County Council (WCC) has utilised links with some academics in the past. These links generally fall into two categories:

Research Governance: There is academic input into Warwickshire County Council's Social Care Research Governance Board. Currently, Dr John Woolham of Coventry University's Faculty of Health and Life Sciences is a member.

Commissioned work: Although this investigation has not covered the specific details, it is clear that local academics have been commissioned by different parts of the organisation on more than one occasion. The most recent and relevant to the JSNA was the commissioning of two researchers at Warwick Medical School to contribute to the CAMHS Needs Assessment in 2012.

WCC's *historical links have predominantly existed between individuals*, rather than the institutions. This approach lends itself to the independent and often disparate way in which individual academics carry out their research, regardless of the institution to which they belong. However, the links tend to be restricted in scope and to be broken when individuals move on. *A combination of this approach and one which transcends individual relations may be of benefit.*

A programme called 'Making Research Count', which aimed to bring together social care practitioners and researchers to drive evidence-based practice, was established in the early '00s. However, it closed locally about 7-8 years ago, possibly when its two biggest advocates, Chris Hallet and Professor John Harris, left their respective positions in Safeguarding and Warwick University. It still continues in some areas of the UK.

The author is aware of two other national organisations that have a specific aim of encouraging the adoption of research into social care practice/policy and undoubtedly there will be more across the spectrum of the JSNA policy areas. In social care, these are Research in Practice (www.rip.org.uk), which supports the adoption of research in children's services, and Research in Practice for Adults (www.ripfa.org.uk), which has the same role within adult social care. WCC is not a member of either. *This paper has not looked at the potential benefits of RiP or RiPFA membership but this may be something the JSNA wishes to consider.*

3   Findings

The universally applicable findings of the investigation are below and are followed by sections particular to each university:

Different universities, and individual departments within them, conduct research at different points on scales relating to the level of activity, scope and focus of their research agenda. A university's/department's point on these scales depends upon its reputation as a research institution and the reputation of individual academics within its faculty. More established researchers are likely to pursue their own interests and are less likely to be influenced by the JSNA research programme. Thus, though not exclusively, *the JSNA's best chance of influencing researchers is at PhD or immediate post-doctoral level*.

Universities compete to establish a reputation in research in chosen fields and ignore others. UK institutions are currently being assessed in the new Research Excellence Framework (REF)[1] due to be complete in 2014. They compete by trying to attract notable academics in the field and by funding 'studentships' (PhDs) on given subjects aligned to their ambitions; aligning with these ambitions will raise the chances of university collaboration. *Jointly, pursuing and/or funding a PhD may be something the JSNA wishes to consider.*

University research is funded in many ways but a significant number of 'studentships' are funded by grants from research councils[2]. *Recent changes to the application criteria for grants has emphasised the importance of the impact of the research*. This Research Councils UK (RCUK) defines research impact as 'the demonstrable contribution that excellent research makes to society and the economy'[3]. *Impact is an area for leveraging the JSNA's research interests in discussions with academics*.

Support in principle from prospective 'host' local authority sites is important to academic partners. It reduces time in trying to set up a funded study and also strengthens funding bids. *However, without very close alignment of research interests, the only possibility for university contribution to JSNA research is through commissioned work*. This is likely to prove cost prohibitive and was not an area this investigation pursued. *Even with alignment, collaboration or contribution to JSNA research will be dependent on having good channels of communication and providing researchers*

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[1] Research Excellence Framework http://www.ref.ac.uk/
[2] Research Councils UK http://www.rcuk.ac.uk/Pages/Home.aspx
[3] Economic and Social Research Council: What is impact? http://www.esrc.ac.uk/funding-and-guidance/tools-and-resources/impact-toolkit/what-how-and-why/what-is-research-impact.aspx

with the JSNAs research agenda with sufficient time (c. 6-12 months) to include it in their research plans.

The most established way to inform researchers of the JSNA's agenda would be directly to individual academics. Heads of faculties may provide an option to reach individuals who are aware of the research interests in their wider organisation but not university wide. Finally, some university areas form groups that share and collaborate on research interests across departments.

3.1 Warwick University

Warwick University has a more established reputation as a research institution and in several areas (including the economics of wellbeing) is internationally renowned. Consequently, this means academics in these areas will be *more focused on their specific interests and less interested in the JSNA's research agenda*. However, there may be interest to pilot or trial methods as part of their wider research.

Furthermore, *there are certain semi-autonomous areas of Warwick University, including the Medical and Business Schools that are developing a focus in areas that closely align with the JSNA*. These include: mental health & wellbeing, sub-regional economic forecasting and behavioural science. More information can be found at the profiles of the specific academics on Appendix A. *Some of these areas have developed research groups, such as the Behavioural Science Group, that offer an opportunity to inform a wider audience of the JSNA's agenda.*

The benefit that Warwick University's established reputation confers is that the *reputation translates into more active researchers and more university funded 'studentships' or PhDs*, thus *there is a greater chance of stumbling upon an alignment of existing interests and this leading to collaborative research.*

3.2 Coventry University

Coventry University does not have as established a reputation for research as Warwick. However, it has strong ambitions to do so. In the current REF framework Coventry is not pursuing social and local policy and is consequently not funding any studentships, though it may do so in the future.

The development of a recent joint seminar programme has strengthened links between members of People Group and researchers at Coventry University. Professor Guy Daly, Dean of the Faculty of Health and Life Sciences at Coventry University; Professor Howard Davis, professor of social and local policy and Dr John Woolham (see Appendix A) *have all expressed interest in strengthening ties with the local health and wellbeing agenda*.

Professor Howard Davis is a member of Coventry's Health and Well-being Board (HWB). *Having some academic representation on Warwickshire's HWB or JSNA Commissioning Group may be something the JSNA may wish to consider.*

4 Conclusion

There are actions the JSNA can take to pursue academic collaboration with academics. Locally, Warwick University is more research active and provides the best opportunity to stumble across **existing** and potentially funded research activity across the broader spectrum of the JSNA. However, Coventry has a clearer aspiration, especially within social policy, to build ties with our health and wellbeing agenda and provides the best opportunity to steer potential **future** research, although funding may be an issue.

Future activity to take forwards this agenda should focus on:

- Establishing what links exist with academics across those involved with the JSNA and strengthen these

- Look to communicate our research agenda to academics at an individual and higher level.

The JSNA Commissioning Group is asked to consider the recommendations at the beginning of this report.

Appendix A: Parties who have been consulted.

The following academics or faculty members have been contacted and a conversation around how to develop a means of collaboration has been had with each, except Professor Stewart-Brown:

1. [Professor Andrew Oswald](#), Department of Economics, Warwick University. *Professor Oswald is an internationally renowned academic whose research areas are described as Applied Economics and Quantitative Social Science. He has done theoretical and empirical work. His main research recently has been on the economic and social determinants of happiness and mental health.*

2. [Professor Sarah Stewart-Brown](#), Mental Health & Wellbeing, Warwick Medical School *(an opening conversation has been followed by emails. Professor Stewart-Brown has not yet had the time to fully engage with our inquiry but has promised to do so in August). Professor Stewart-brown researches the measures and determinants of mental health and wellbeing and interventions, particularly with regards to parenting and children.*

3. [Professor James Mitchell](#), Economic Modelling & Forecasting, Warwick Business School. *Professor Mitchell researches a broad range of applied economic, financial and econometric issues of practical interest to policymakers, financial institutions and business. Specific research interests include econometric (time-series and panel data) modelling and forecasting, economic statistics, business cycles, survey data and migration. He is currently looking at regional and sub-regional economic forecasting, which is of interest to the Observatory.*

4. [Edward Gardiner](#), Behavioural Design Lead, Warwick Business School. *Edward leads a partnership with the Design Council called the Behavioural Design Lab, which applies insights and methods from behavioural science to the design of new products, services and places that change behaviour and improve everyday life. The lab has done work with some London Boroughs.*

5. [Dr John Woolham](#), Faculty of Health and Life Sciences, Coventry University: *Dr. Woolham is a Senior Research Fellow in Social Care at Coventry University's Social, Therapeutic and Community Studies department. He is also a member of Warwickshire's Social Care Research Governance Board.*

Commissioning Group

22nd May 2013

Will Health and Wellbeing Boards Succeed in Engaging Communities

Summary

This paper describes the findings from a recent consultation Institute event on the challenges that Health and Wellbeing Boards (HWBs) will face in engaging with communities in a meaningful way. As the JSNA Commissioning Group lead on engagement for the HWB, as part of the JSNA, they are asked to note the observations below and may want to consider recommending further action by the HWB.

Recommendations for the JSNA Commissioning Group:

- *Make accurate customer/patient perception data available as part of our JSNA or through another partner in the HWB.*
- *Ensure we provide feedback to those who participate in consultations, in a transparent and honest fashion. We should endeavour to demonstrate what differences have been made: "You should never mistake activity for progress".*
- *Avoid jargon and use patient driven Indicators e.g. mortality & morbidity.*
- *Recommend the HWB is clear how success is measured; taking clear ownership by setting realistic, locally deliverable targets.*
- *Consider recommending the HWB appoint a local HWB Engagement Officer as a lead for HWB related engagement.*

1   Introduction

This report provides feedback to Commissioning Group on an event held by the Consultation Institute in Birmingham on the 14th of May, attended by Rita Ansell of Business Intelligence in People Group. This was a roundtable event to discuss the engagement responsibilities of HWBs. Four questions were posed for consideration:

1. How much of an engagement role do HWBs actually have?
2. Are there different models for discharging these responsibilities?
3. Are they likely to succeed?
4. Who has the skills for public engagement and where are they sitting?

2   Discussion

Discussion on the day focussed on the questions above and considered:

- Whether HWB's would expect CCG's to manage engagement and consultation because they have the necessary expertise or will they use resources from local authorities.
- How proactive HWB's would be and what the balance would be between public and stakeholder consultation.

There was a lengthy discussion about the right skill set to undertake robust engagement with both of these groups and a recommendation that HWBs will need to be firm about their requirement for consultation expertise. **Some authorities have specifically appointed Health and Wellbeing Engagement Officers.**

There was a broad consensus on the following:

- HWB's have a role to play in local oversight together with Overview and Scrutiny and are a focal point for local issues
- Local authorities and each of their partner CCG's must involve Healthwatch and the people who live and work in the local area.
- It is essential to have the right skill set to undertake robust engagement with both the public and stakeholders.
- Most shadow HWB have made an attempt to engage people in the design of their HWB strategies
- Some HWB's are already inviting residents and other stakeholders, such as the voluntary and community organisations to hear their views about the issues that have emerged for discussion and whether the correct priorities are being addressed
- Patients and the public should be fully engaged in the design of any options.

3 "Turning the NHS the right way up"

Julie Bailey of 'Cure the NHS' delivered a powerful presentation to testify to the need for better public accountability following her personal battle with Staffordshire Hospital.

4 Case Study: The Story in Lincolnshire

Dr. Tony Hill, Joint Director of Public Health and member of the Lincolnshire Health & Wellbeing Board, explained that Lincolnshire's previous JSNA contained mainly data, with very little commentary and was not readily accessible.

In Lincolnshire's 2011 JSNA, they conducted lots of engagement and consultation and their published document now contains expert commentary and establishes priorities to feed into JHWS. There is a continuous process of updating and a work programme for continued improvement. The product is easily available on their website and they have produced an easy read Overview Report.

Lincolnshire also conducted extensive engagement around their Health and Wellbeing strategy and used a wide range of consultation methods including engagement outside of the HWB with individual Board members acting as champions for other groups.

5 Challenges for HWB's going forward

- How they will measure outcomes and know if things are getting better.
- Joining up activity internally to ensure parties involved in health and wellbeing are aware of work being conducted, maximising opportunities and minimising duplication, locally.
- Managing their relationship with Overview and Scrutiny Boards, CCG's and NHS Commissioning Board to ensure local issues are at the forefront of what we do.
- Managing the barriers and differences in culture and language between the National Health Service (NHS) and Local Authority (LA).
- Maximising existing resources and networks, from all partners, to engage effectively with the local population..
- Managing the balance between strategic consultation versus operational, to ensure that the evidence for JSNAs and JHWS is addressed.
- Ensuring we have transparent and honest conversations with the public.
- Difficulties in engaging with new and transient populations including travellers and migrants.
- Avoiding the risk of token engagement given budget cuts and providing the resources, capacity and capability to engage meaningfully
- Ensuring the public feel like consultation is meaningful and results in change by being proactive about providing positive examples of where changes have been made following consultation with the public.