Joint Strategic Needs Assessments

JSNA – progress so far

Ed Harding
Manager, JSNA Development Programme
DH
“Statistics are like a lamp post to a drunk man, more for support than illumination”
David Brent
JSNA – key messages

- Joint responsibility of PCT & local authority (Director of Public Health, Director of Children’s services, Director of Adult Social Services) since 2007

Core focus of JSNA originally envisaged as:

- Understanding the current and future health and wellbeing needs of the population
- Comprehensive map of local service provision
- Evidence base to guide investment
- Inform Local Area Agreements and strategic planning
- Inform commissioning to achieve better health and wellbeing outcomes and reduce inequalities.
What do we know about JSNA progress so far? Main sources of evidence are:

- HSMC / ICN Partnerships survey 2008
- East of England QA survey 2008
- DH HLIN: JSNAs and Housing & the South East 2008
- IDeA: JSNA Progress so far report 2009
- NW JIP Commissioning Survey 2009
- NHC & ILN: JSNAs and Housing 2009
- WM JSNA Health determinant analysis 2009
- DH & NHS IC: JSNA National Dataset project 2009/10
- DH, NW JIP & Institute of Public Care: JSNA and outcomes focussed commissioning 2009/10
- DH HILI 2009: review of JSNA online accessibility
- DH: varied ongoing development work 2010/11
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<tr>
<th><strong>Strengths</strong></th>
<th><strong>Weaknesses</strong></th>
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<td>High level joint working</td>
<td>Risk of ‘dead document’</td>
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<td>Data in one place</td>
<td>Sometimes poor intelligence &amp; link re: commissioners</td>
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<td>Examples of innovation</td>
<td>User &amp; community voice</td>
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<td>Prompted ‘challenging conversations’</td>
<td>Third sector &amp; provider role</td>
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<td>Shift to process, not product</td>
<td>Factoring wider determinants</td>
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<th><strong>Opportunities</strong></th>
<th><strong>Threats</strong></th>
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<td>Build links w/ commissioning</td>
<td>Competing pressures &amp; links with other strategic processes</td>
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<td>Efficiency, personalisation</td>
<td>Data sharing across orgs</td>
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<td>Rolling support and joint information systems</td>
<td>Restructures, staffing &amp; skills</td>
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<td>Engagement &amp; qual. info</td>
<td>Regulatory frameworks and statutory timelines</td>
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<td>Projections, benchmarking</td>
<td>Buy in w/ wider stakeholders</td>
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<td>Evaluation</td>
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Spotlight: JSNAs and commissioning, the ambition

“By identifying current needs and anticipating future trends, PCTs will be able to ensure that current and future commissioned services address and respond to the needs of the whole population, especially those whose needs are greatest”.

World Class Commissioning: DH 2007

“The key focus of JSNA includes...commissioning services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities”.

JSNAs and commissioning: the reality

- Apparent lack of clarity re: fundamental purpose of providing intelligence to commissioners
- Commissioners often poorly engaged overall – lack of regular dialogue, JSNA priorities difficult to translate into commissioning outcomes
- ‘Many JSNAs focussed on high level needs and health issues across communities but didn’t really drill down into data to enable better targeting and prediction’ (IPC 2009)
- JSNA feeding into some existing commissioning streams, but yet to influence strong links into joint or aligned investment into wider determinants
- However, many areas beginning to develop outcomes-focused commissioning
What has the JSNA ever done for us??
JSNA – our current work

- JSNA & Outcomes focussed commissioning
- Third Sector and community engagement
- Vulnerable adults and housing related support
- Children, CYPP and children’s commissioning
- Spatial planning and built environment
- Asset based JSNAs
- JSNA National Dataset
- BME
- Migrant Health

... and national review May – July 2010
Case study: SW County Council

• JSNA looked at older people, mapped population and service pressures against health profiles and older people’s aspirations

• Key finding: estimated that over 50% of 13,000 people in need of a service have no access to face-to-face help

• Action: Health, social care and housing jointly commissioned Mobile Response and Early Intervention Service (MRS). Cost benefit analysis run on model of Cap Gemini Supporting People evaluation.

• Outcome: strong evidence that £570K investment via 53 week MRS pilot has given over £211K in cost savings. On this basis, further 3 year £1.7m contract approved
Case study: SW County Council

Lessons learnt?

Supporting People Manager believes that partners…

‘must be willing to let go some of your language and adopt the language of others in order to make it possible to share common terms, aims and goals’ and that ‘You won’t find out what opportunities JSNAs offer unless you're willing to let go of what you think you know, and get involved’
Case study: London Borough

- JSNA highlighted ‘industrial scale’ of challenges of ageing population, unmet demand for carers support services and physical and sensory impairments.
- NHS and local authority partners response –
  - £5m allocated by council for additional social care
  - JSNA process strengthened - rolling resource
  - cross directorate Strategic Commissioning Team focussing on Prevention and Inclusion
  - JSNA support for Strategic Health & Wellbeing Board
  - ‘Non traditional’ services commissioned: information, advice and emergency contact scheme, carer respite, transitional accommodation with rehabilitation and assessment
Case study: Westminster

JSNA (Joint Strategic Needs Assessment)

The Joint Strategic Needs Assessment (JSNA) is an exciting process that entails the working together of all key decision-makers in Westminster to produce a wide-ranging needs assessment that identifies the current and future health and well-being needs of Westminster.

In Westminster we saw JSNA as an opportunity to develop a comprehensive process to embed health and wellbeing intelligence and insights into the commissioning cycle throughout Westminster City Partnership. We have designed an ambitious and dynamic programme where needs assessments and strategy development are closely coordinated and influence local commissioning priorities. This makes the JSNA integral to improving local health outcomes and reducing health inequalities for the population of Westminster.

Our JSNA has two pillars: a rolling programme of population needs assessments, and the development of a shared, local data observatory between the city council and the PCT.
DH priorities – SoS Andrew Lansley:

- **A patient-led NHS**: strengthening patients' choice and management of their own care, and ensuring they have a voice in the NHS
- **Delivering better health outcomes**: shifting focus and resources towards better health outcomes, including national health outcome measures, patient-reported outcomes, and patient experience measures
- **A more autonomous and accountable system**: greater accountability to patients and the public, focused on outcomes
- **Improved public health** through a new public health delivery system: promoting better public health for the nation by focusing on public health
- **A focus on reforming long-term care**: improving accessibility and options for long-term and social care by focusing on prevention, personalisation and partnership delivery.
Challenges ahead? How should JSNAs evolve / respond to this?

- Efficiency & locally evidenced investment / disinvestment decisions
- New commissioning functions: national, local and community level (inc. Stronger Director of Public Health leadership on health inequalities)?
- Accountability for local health outcomes?
- Personalisation / individual choice (including Personal Health Budgets)?
- Future of health and social care integration?
Challenges ahead? How should JSNAs evolve / respond to this? (cont)

- The societal / community contribution to health and wellbeing, e.g. carers, third sector and social enterprise, businesses, role of community asset mapping approaches in local intelligence?
- ‘Freedom to innovate’ re: health inequalities (e.g. service redesign, managing behavioural change?)
- Rewarding areas for health & wellbeing outcomes – how agreed, measured, evaluated?
Thank you

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Stay in touch:

IDeA ‘Healthy Communities’ – JSNA

http://www.communities.idea.gov.uk/welcome.do