



# Joint Strategic Needs Assessment and Health and Wellbeing Strategy

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## What the guidance says

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○ In 2007 duty for DPH, DASS and DCS to jointly produce JSNA to influence commissioning of services (Section 116 of the Local Government and Public Involvement in Health Act 2007)

In 2010, GP consortia and local authorities, including Directors of Public Health, will each have an equal and explicit obligation to prepare the Joint Strategic Needs Assessment (JSNA), through the arrangements made by the Health and Wellbeing Board. (Healthy lives, Healthy People: Our Strategy for Public Health in England states)

In 2013 Statutory guidance was published stating that Health and Wellbeing boards will develop joint health and wellbeing strategies, based on the assessment of need outlined in their JSNA.



# Where does it begin?

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Understanding  
where  
we are now

Where we  
want to be



Data analysis  
and  
interpretation

Identifying  
gaps in  
Knowledge

Priorities for  
commissioning



# What informs the assessment of where we are now?

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## **1. Population**

- Age, Sex, Ethnicity
- Migration
- Births and deaths
- Vulnerable groups

## **3. Lifestyle & Health Improvement**

- Physical Activity
- Healthy Eating
- Alcohol
- Drug misuse
- Smoking
- Screening

## **4. Health & Wellbeing Status**

- Life expectancy & mortality
- Children & young people
- Disability
- Mental Health
- CHD/Stroke,
- Cancer
- Respiratory health
- Sexual health

## **2. Community Wellbeing**

- Housing
- Education
- Environment
- Economy and income
- Crime and disorder

## **5. Service utilisation**

Social Care  
Health Care

## **6. Priorities for action**

- Patient views
- Stakeholder groups
- Links

# How to make sense of the data

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Data analysis  
and interpretation  
(core dataset)

Benchmarking

- International
- National
- Local
- Peer groups

Evidence of best practice

- NICE guidelines
- Literature review

User views, patient,  
public engagement

Existing needs  
assessments

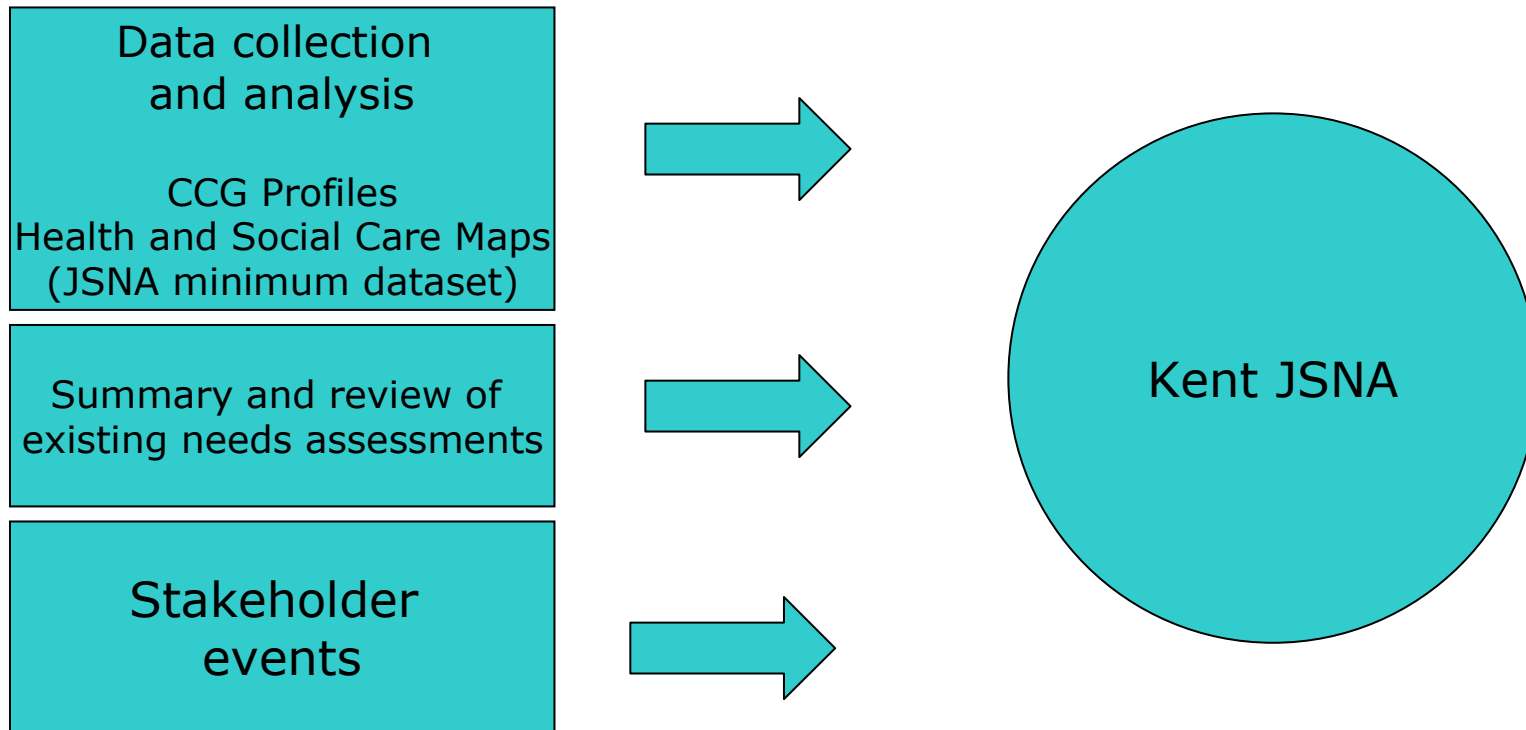


Commissioning  
Priorities



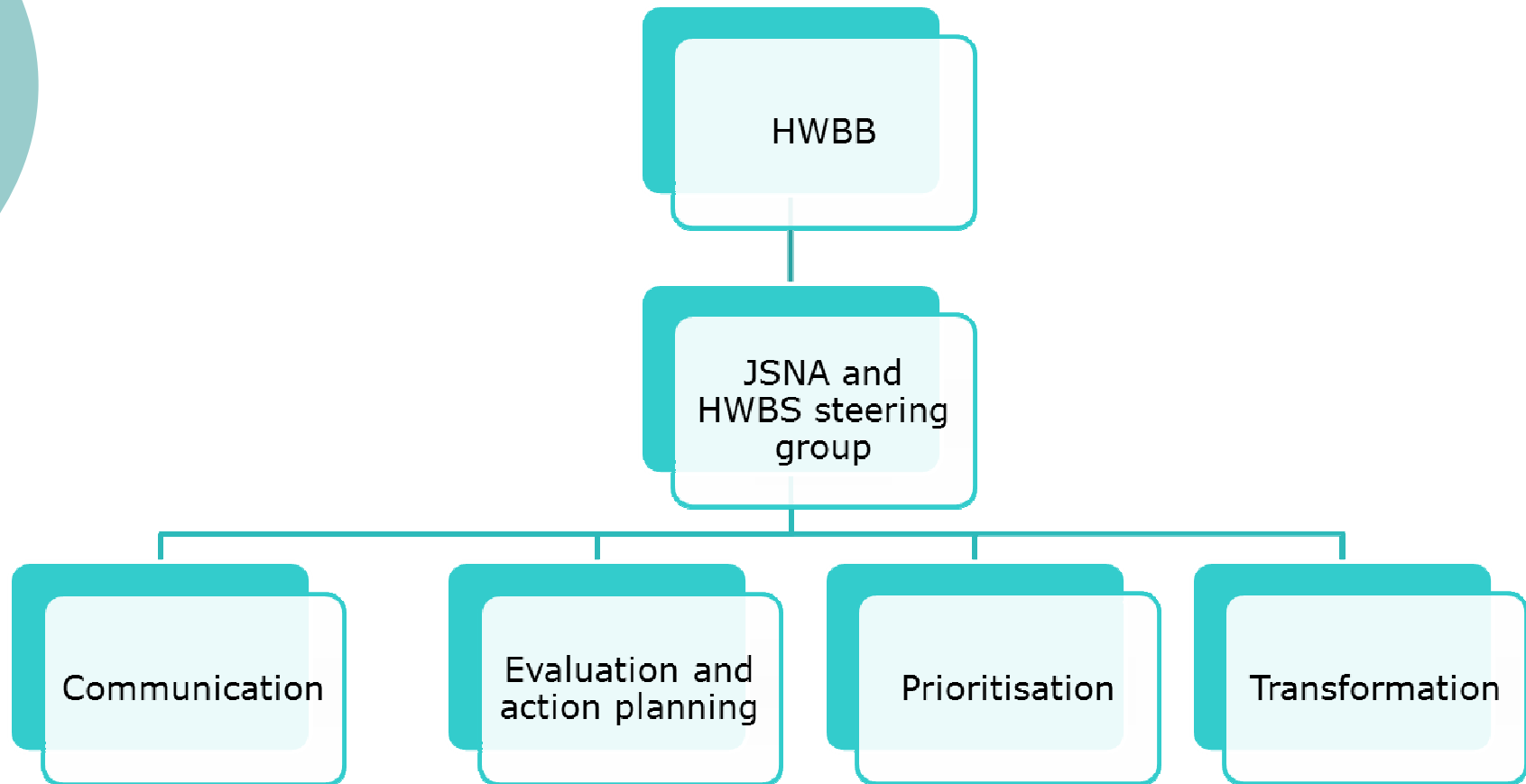
# The Kent Process

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# Governance

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## What do we need to have in place?

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- Access to data sets from multiple agencies, police, KCC, NHS, probation, District Councils,
- Skilled analysts
- Mapping tools, population segmentation (mosaic), statistical packages (SPSS), website development
- Information sharing protocols and rigorous Information governance
- 'Umbrella of needs assessment'





Smoking

Veterans

CHD

Alcohol

Mental  
Health

Dementia

Housing

Diabetes

Children

COPD

Stroke

Learning  
disabilities

Eating  
disorders

CAMHS

Carers



# What does the JSNA tell us?

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- Priorities for reducing health inequalities
  - Strategic and local
- Priorities for improving health and social care outcomes
  - Based on national and local comparisons and sometimes international
- Where Kent is improving health
- Areas for further work
  - Leads to more in-depth topic specific needs assessments
- Local perceptions



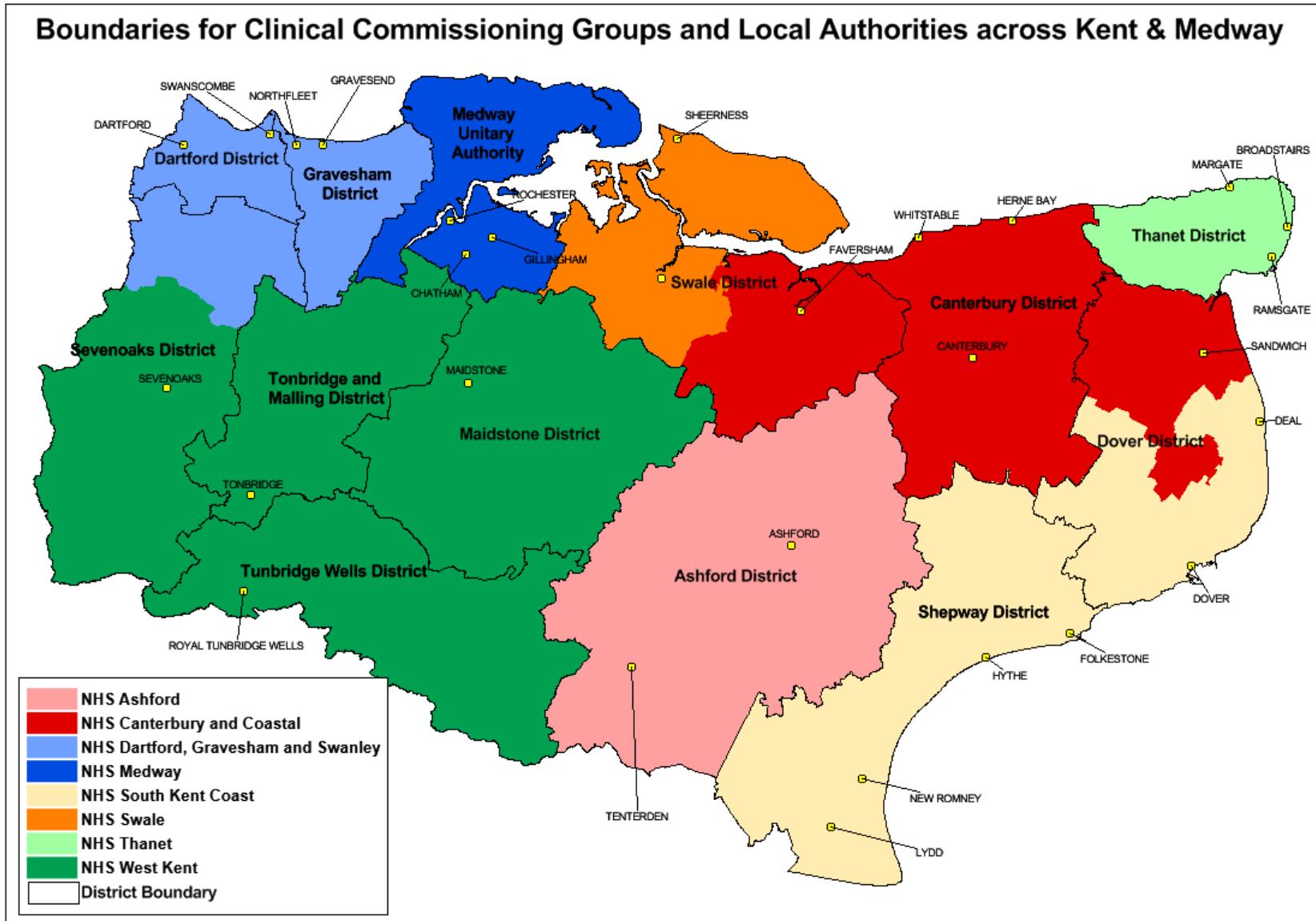
# The Kent Approach

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Umbrella of multiple needs assessments  
What is it needed for?

- Advise 7 CCG commissioning plans
- Advise the HWB strategy
- Advise HWB to review CCG commissioning plans
- Advise 12 districts commissioning health improvement

# CCGs across Kent





# What will the JSNA look Like

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KENT

7 clinical commissioning groups population

CCG

CCG

CCG

CCG

CCG

CCG

CCG

12 District populations

LA

LA

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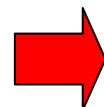
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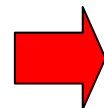
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# Examples of Priorities for Kent

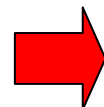
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Support the growing number of patients diagnosed with Dementia with a social model of care and shift acute spend

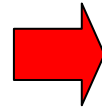


Ensure that all patients with a long term condition have a diagnosis and are in appropriate treatment



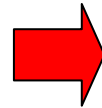
Preventative services for stop smoking need to continue to reduce the smoking prevalence in Kent and improve future health outcomes

# Priorities NHS West Kent CCG



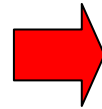
Reduce rates of Alcohol admissions in Males

Implement Identification and Brief Advice (IBA) through Health Checks



Reduce prevalence of obesity in Year R children

Early intervention for school age children through the Healthy Schools Programme

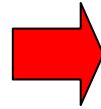


Reduce the level of undiagnosed patients with LTC

Case finding through health checks. Early intervention to prevent poor health outcomes in later life

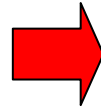
# Priorities for Thanet (example)

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Reduce prevalence of smoking in adults

Commission stop smoking services that target the local population



Increase levels of physical activity in children

Encourage use of Green spaces and local activities within the community





# Products and resources

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- HEALTH NEEDS OF KENT Summary document integrating adults and children detailing key priorities and recommendations for Kent, CCGs and District Councils
- WEBSITE Multiple detailed needs assessments , summarised by theme on the Kent and Medway Public Health Observatory website
- Observatory briefings monthly indicating needs assessment in progress
- Health and Social Care Maps
- CCG profiles
- National resources and tools

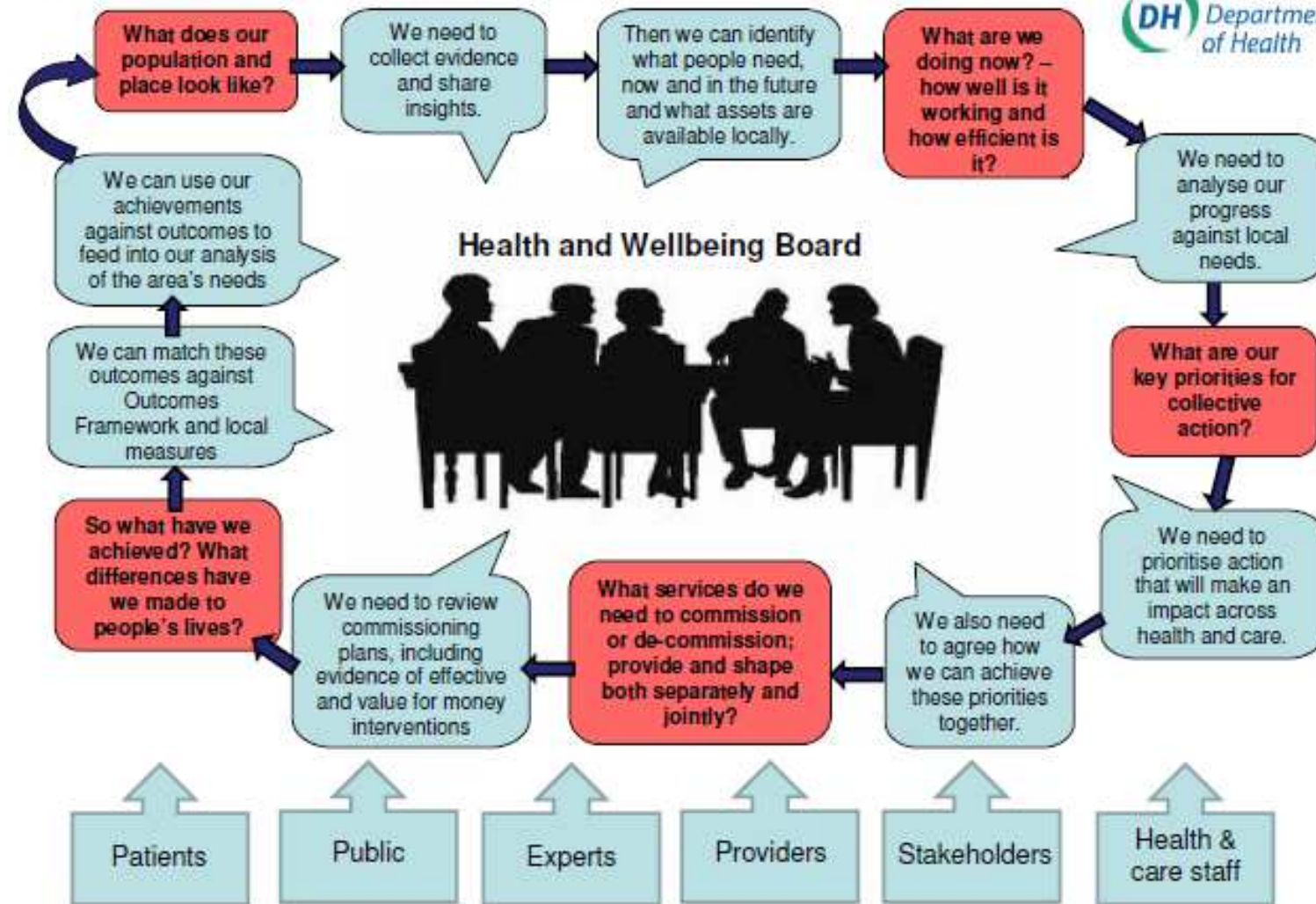


## Who is the JSNA for?

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- Kent County Council
- District
- CCGs
- Health Wellbeing boards at all levels
- Children centres

## JSNA & JHWS: explicit link from evidence to service planning



Involving partners and the community ensures transparency and accountability

# Timeline

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JSNA  
exception  
report to  
HWBB  
(Jan 14)

Prioritisation  
workshop  
(March 2014)

HWBS  
developed  
(April –  
May 2014)

HWBS  
consultation  
(June 14)

HWBS  
published  
(June 14)

Communication  
and Evaluation  
(July – Sept  
2014)