Joint Strategic Needs Assessment and Health and Wellbeing Strategy

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What the guidance says

- 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?

Understanding where we are now

Data analysis and interpretation

Identifying gaps in Knowledge

Priorities for commissioning

Where we want to be
What informs the assessment of where we are now?

1. Population
   - Age, Sex, Ethnicity
   - Migration
   - Births and deaths
   - Vulnerable groups

2. Community Wellbeing
   - Housing
   - Education
   - Environment
   - Economy and income
   - Crime and disorder

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

5. Service utilisation
   - Social Care
   - Health Care

6. Priorities for action
   - Patient views
   - Stakeholder groups
   - Links
How to make sense of the data

Data analysis and interpretation (core dataset)

Benchmarking
• International
• National
• Local
• Peer groups

Evidence of best practice
• NICE guidelines
• Literature review

Commissioning Priorities

User views, patient, public engagement

Existing needs assessments
The Kent Process

Data collection and analysis
CCG Profiles
Health and Social Care Maps (JSNA minimum dataset)

Summary and review of existing needs assessments

Stakeholder events

Kent JSNA
Governance

- HWBB
- JSNA and HWBS steering group
  - Communication
  - Evaluation and action planning
  - Prioritisation
  - Transformation
What do we need to have in place?

- 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’
What does the JSNA tell us?

- 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

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
What will the JSNA look Like

7 clinical commissioning groups population

12 District populations

KENT
Examples of Priorities for Kent

- 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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
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<tbody>
<tr>
<td>Reduce rates of Alcohol admissions in Males</td>
<td>Implement Identification and Brief Advice (IBA) through Health Checks</td>
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<tr>
<td>Reduce prevalence of obesity in Year R children</td>
<td>Early intervention for school age children through the Healthy Schools Programme</td>
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<td>Reduce the level of undiagnosed patients with LTC</td>
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<td>Case finding through health checks. Early intervention to prevent poor health outcomes in later life</td>
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Priorities for Thanet (example)

- 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

- 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?

- Kent County Council
- District
- CCGs
- Health Wellbeing boards at all levels
- Children centres
JSNA & JHWS: explicit link from evidence to service planning

What does our population and place look like?
We need to collect evidence and share insights.
Then we can identify what people need, now and in the future and what assets are available locally.
What are we doing now? – how well is it working and how efficient is it?

We need to analyse our progress against local needs.

We can use our achievements against outcomes to feed into our analysis of the area’s needs

We can match these outcomes against Outcomes Framework and local measures

So what have we achieved? What differences have we made to people’s lives?

Health and Wellbeing Board

What services do we need to commission or de-commission; provide and shape both separately and jointly?

What do we need to agree how we can achieve these priorities together.

We also need to prioritise action that will make an impact across health and care.

We need to review commissioning plans, including evidence of effective and value for money interventions

Involving partners and the community ensures transparency and accountability
Timeline

- 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)