

CABINET  
23<sup>rd</sup> JUNE 2009

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**UPDATE ON THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

**Executive Summary**

The JSNA is the means by which Primary Care Trusts (PCTs) and local authorities “describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to help meet those needs”.

Directors of Public Health, Adult Social Services and Children’s Services are jointly responsible and are working collaboratively in the development and delivery of the JSNA.

The first JSNA for Wiltshire was produced in 2007-08 and we are now in the process of producing the refreshed JSNA for 2008-09.

This year’s JSNA focuses on key areas that determine the health and wellbeing of our population and extends to address the recommendations from last years’ JSNA, and from other relevant processes including the World Class Commissioning review.

The key areas of focus are:

- Wiltshire’s context with its changing population and culture
- Health inequalities and wider determinants of health and wellbeing
- Lifestyles / risk factors
- The burden of ill health: morbidity and mortality
- Health and wellbeing
- Health and wellbeing of children
- Programme budgeting

The data, including population, needs and burden has been projected to a minimum 5-year period.

This core JSNA will be complemented with Community Area health profiles (to feed into the Community Area profiles) and Practice Based Commissioning Consortia profiles. Further work on programme budgeting will also follow.

The JSNA will be discussed with key stakeholders on 12 June 2009. It will be made available on the Wiltshire’s JSNA website <http://wiltshirejsna.org/> at the end of June as well as on the Wiltshire Council website.

A consultation process on the JSNA will invite comments from partnership organisations, stakeholders and members of the public. The consultation will close on 11<sup>th</sup> September 2009.

**Proposal**

The Implementation Executive considers the appended report and additional documents, provides overall comments and, subject to any constructive comments, endorses the JSNA as the overarching needs assessment for health, wellbeing and social care in Wiltshire.

**Reason for Proposal**

The provision of the progress report by the Joint Director of Public Health is a helpful opportunity for the Cabinet to note the direction of the process, recognise the multi-agency joint working and provide comments for the process and focus of the next JSNA.

**MAGGIE RAE** - Joint Director of Public Health

Contact details: (01225) 757520

## **PROGRESS REPORT ON THE WILTSHIRE JSNA 2008-09**

### **Purpose of Report**

1. To brief the Cabinet on the progress of this year's JSNA work programme and to seek comments and endorsement, as appropriate.

### **Background**

2. The Local Government and Involvement in Health Act (2007) put forward the requirement for local areas to work in partnership towards the development of a Joint Strategic Needs Assessment, in order to achieve services that are relevant and meet the expectations and needs of the community.

### **Main Considerations for the Implementation Executive**

3. The purpose of the JSNA is to pull together in a single, ongoing process all the information which is available on the needs of our local population ('hard' data i.e. statistics; and 'soft data' i.e. the views of local people), and to analyse them in detail, interpret and generate intelligence to identify:
  - a) the major issues to be addressed re health and well-being, and
  - b) the actions that local agencies need to take to address those issues.
4. The key areas of focus of the JSNA for 2008-09 for Wiltshire are:
  - The Wiltshire's context with it's changing population
  - Health inequalities and wider determinants of health and wellbeing including: all cause death rates, infant and child mortality, deprivation, environment, economy, community safety, transport, housing, climate change and the groups with special needs, including: black and minority ethnic communities, military population, prisoners, homeless people and gypsies and travellers.
  - Lifestyles / risk factors including: smoking, alcohol and drug misuse, sexual behaviour, obesity with nutrition and physical activity as it's determinants.
  - The burden of ill health, including: cancer, diseases of the circulatory system, diabetes, respiratory health and chronic obstructive pulmonary disease, infectious diseases.
  - Health and wellbeing including: Self-reported health, Disability , Neurology, Mental Health of Adults, Dementia, Learning Disabilities, Accidental injuries, Social care for older people, Carers
  - Health and wellbeing of children including: demography, school attainment, healthy schools, vulnerable children, child mortality, key areas relating to children's health and wellbeing
5. Scope of the Project  
The Joint Strategic Needs Assessment will provide a platform to further build on the comprehensive first JSNA core dataset in order to demonstrate the current practice and needs of the local population and the individual. It draws on both qualitative and quantitative data and information, drawn down through various sources and processes.

The JSNA enables the continuous assessment of the health and wellbeing status of the population, reflecting the dynamics of health and its determinants through the opportunity to allow timely information to be gathered to direct the

commissioning of services and inform the priorities set out in the Local Area Agreement at each refresh.

This needs to be achieved through the implementation of the eight steps to commissioning as set out in the Commissioning Framework for Health and Wellbeing:

- Putting people at the centre of commissioning
- Understanding the needs of populations and individuals
- Sharing and using information more effectively
- Assuring high quality providers for all services
- Recognising the interdependence of work, health and wellbeing
- Developing incentives for commissioning for health and wellbeing
- Making it happen: local accountability
- Making it happen: capability and leadership.

The JSNA is set out to achieve a systematic method for reviewing the health and wellbeing needs of the population, leading to agreed commissioning priorities that will improve health and wellbeing and reduce inequalities. This will be achieved through:

- Gaining an understanding of the current and future health and wellbeing needs, both at a population and individual level. In the short term (three to five years) to inform the Local Area Agreement and the longer term (five to ten years) to inform strategic planning.
- Through the evidence base to effectively and accurately commission services and interventions that will achieve better health outcomes and reduce inequalities.

6. The ambition of the JSNA is to:

- Continuously improve the intelligence provided for commissioners;
- Improve accessibility by having a user friendly website with regularly updated data and protocols in place by all lead Directorates about data to be made available via the JSNA data platform;
- Make available supportive data for all relevant LAA NIS measures.
- Make hyperlinks to relevant local and national surveys, in particular about citizens' perceptions.

7. The data, including population composition, needs and disease burden has been projected to a minimum 5-year period. The subject areas will contain essential information on the relevant budgets.

8. This core JSNA will be complemented with Community Area health profiles (to feed into the State of the Community Area profiles) and Practice based commissioning profiles. Further work on programme budgeting will also follow.

9. The JSNA will be discussed with key stakeholders on 12 June 2009. It will be made available on the Wiltshire's JSNA website <http://wiltshirejsna.org/>

### **Environmental Impact of the Proposal**

10. No direct environmental consequences. Although the recommendations of the JSNA will note and advise on potential positive impact on the environment through the commissioning and delivered projects to address the needs identified.

### **Equality and Diversity Impact of the Proposal**

11. One of the main focuses of the JSNA is addressing health inequalities.
12. Consideration is given throughout the process and the key focus is to promote equality of opportunity; equal/fair access to services, eliminate any potential discrimination, encourage involvement/ participation of disabled people, and promote good community relations/ cohesion.

### **Risk Assessment**

13. The commitment of partner organisations is key to a successful JSNA.
14. Governance arrangements: It is proposed that the Health and Wellbeing Board, will performance monitor delivery against the recommendations.

### **Financial Implications**

15. Will be the subject of long-term financial investment across the partnership.

### **Legal Implications**

16. No direct legal implications.
17. There is a statutory duty on Local Authorities and PCT's to produce a JSNA.
18. By active engagement and partnership working with local agencies through the JSNA process the Council will maintain and improve reputation and build trust in the local population.

### **Options Considered**

19. There is an option to produce a JSNA at least every 3 years. This will be reviewed accordingly.

### **Conclusion**

20. The Cabinet is asked to receive and approve the JSNA and comment on its content as appropriate.

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### **Background Papers**

1. White Paper, Our Health, Our Care, Our Say (Department of Health) 2006
2. Local Government and Public Involvement in Health Act (2007).