REPORT TO: Executive Board

DATE: 6 September 2007

REPORTING OFFICER: Strategic Director, Health & Community
Strategic Director, Children & Young People
Fiona Johnstone, Director of Public Health, Halton & St. Helens PCT

SUBJECT: Joint Strategic Needs Assessment (JSNA)

WARDS: All Wards

1.0 PURPOSE OF REPORT

1.1 To provide an overview of the requirement to produce a JSNA in line with Department of Health guidance.

2.0 RECOMMENDATION:

That the Executive Board:

i) Support the process as outlined in the proposed co-ordination section and receive a draft JSNA in 2008.

3.0 SUPPORTING INFORMATION

3.1 The JNSA is a process that results in the production of document of significant strategic importance. The process and subsequent documentation managed jointly by the Local Authority and PCT describes the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs, over 3-5 years.

3.2 The Joint Strategic Needs Assessment will be:

- The basis of a new duty to co-operate between PCTs & Local Authorities from 'Local Government and Public Involvement in Health Bill', to develop a whole health & social care response;
- Shaped by, and to meet, needs of local population;
- In tune with commissioning cycles of LAA & SCS.

3.3 A strong and effective Joint Strategic Needs Assessment will:

- Show health status of the local community;
- Define what inequalities exist;
- Contain social and healthcare data that is well analysed and presented effectively;
- Define improvements and equality for the community;

- Send signals to current or potential providers, who could have other relevant information or proposals for meeting needs;
- Supporting better health and well being outcomes;
- Aid decision making, and stages of the commissioning cycle, esp. to use resources to maximise outcomes at minimum cost.

4.0 THE PROCESS

4.1 The process for producing and subsequently utilising the JSNA is a systematic one and is summarised in Appendix 1.

4.2 Phase 1 – Information Gathering

The collection of a complex set of data and information reports focused on the following sub-sets:

- Demography;
- Social and Environmental Context;
- Current known health status of the population;
- Current met needs of the population;
- Patient/Service user voice;
- Public Demands.

4.3 A detailed breakdown of information required is summarised in Appendix 2.

4.4 Phase 2 – Secondary Analysis & JNSA Production

Building from the information gathering exercise of Phase 1, is the objective analysis of the local economy information to result in four sub-sets. These are detailed in Appendix 3.

4.5 The result of this analysis will be the completion of the local economy Joint Strategic Needs Assessment Document.

4.6 Phase 3-Outputs and Commissioning Improvement

The third phase of the JSNA process is the utilisation of the document to provide a platform for the economy to work together on developing a series of impact based proposals and improvement programmes. These will include:

- Programme of health and social care service reviews;
- Prioritisation framework for contracting and procurement;
- Medium Term Market Development;
- Primary Care Investment Decisions;
- Capital Investment Plans.

The development of the JSNA will enable both Local Authority and PCT to establish improved commissioning relationships and provide

the economy with progressive unity on commissioning and contracting priorities.

5.0 PROPOSED CO-ORDINATION

5.1 The guidance from the Department of Health clearly stipulates that the Director of Adult Social Services, Director of Children & Young People Services, Director of Public Health and Director of Commissioning from the PCT have a responsibility for co-ordinating the production of the document. Discussions have already commenced with a range of key stakeholders and Appendix 4 has been produced which sets the timetable and process for its completion.

5.2 The Department of Health stressed the importance of the direct links with Elected Members, Local Strategic Partnership's and key people including Local Authority Chief Executive's, Environmental Health staff and staff involved in Research and Intelligence.

5.3 The Local Strategic Partnership have already received a similar report to own and understand the requirement to produced a JSNA. The Health Specialist Strategic Partnership will thereafter be the responsible and accountable group to ensure that the JSNA is produced. As the Health SSP already has key people on its membership, it is suggested that a small working group is tasked with producing a draft JSNA in the timescales identified.

5.4 Regular update reports to the Executive Board, Local Strategic Partnership, PCT Board and Health Policy & Performance Board will be produced which appraise individuals and groups of progress. The Health Policy & Performance Board will scrutinise the process and ensure that effective community consultation is undertaken. However, a similar report to every Policy & Performance Board will be presented to ensure they are aware of this matter and provide them with an opportunity to be engaged.

6.0 FINANCIAL IMPLICATIONS

6.1 At this stage it is not clear what the financial implications will be, however, it is envisaged that the production of the draft will be bourne within existing resources.

6.2 There will be some financial costs to cover public consultation and these will need to be determined at a later date.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 Children and Young People in Halton

This will be a key strategic document to underpin progress against

the revised priorities in the Children & Young People's Plan. The needs analysis will form an integral part of the implementation of the Joint Planning and Commissioning Framework and enable us to target services based on need to improve outcomes for children and young people in Halton.

The development of integrated locality based services for children and young people through the Area Network model must be based on an analysis of need for each area, which can be distilled from this piece of work.

7.2 **Employment, Learning & Skills in Halton**

None at this stage, but to be determined within Policy and Performance Boards and within the needs assessment process.

7.3 **A Healthy Halton**

This will be a key strategic document which will address health and health inequalities in Halton.

7.4 **A Safer Halton**

None at this stage, but to be determined within Policy and Performance Boards and within the needs assessment process.

7.5 **Halton's Urban Renewal**

None at this stage, but to be determined within Policy and Performance Boards and within the needs assessment process.

8.0 **RISK ANALYSIS**

8.1 A full risk analysis will be undertaken as part of the process.

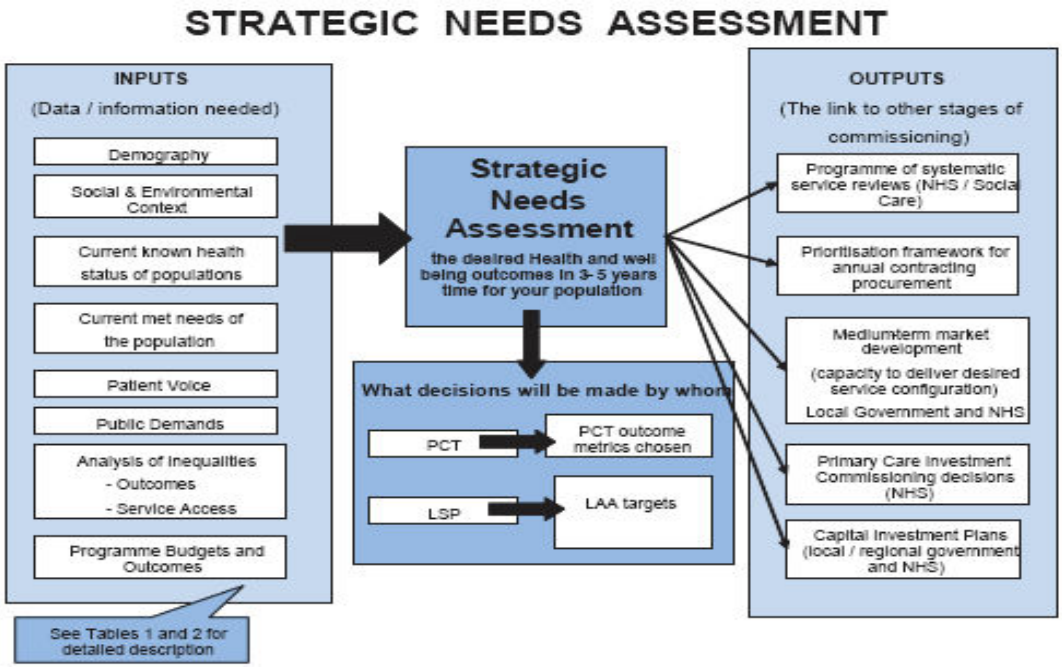
9.0 **EQUALITY AND DIVERSITY ISSUES**

9.1 The Strategy will ensure that the full range of equality and diversity issues are addressed and this will be scrutinised as part of the process.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None

APPENDIX 1


STRATEGIC NEEDS ASSESSMENT
INPUTS
(Data / information needed)
Demography
Social & Environmental Context
Current known health status of populations
Current met needs of the population
Patient Voice
Public Demands
Analysis of inequalities
- Outcomes
- Service Access
Programme Budgets and Outcomes
See Tables 1 and 2 for detailed description
Strategic Needs Assessment
the desired Health and well being outcomes in 3- 5 years time for your population
What decisions will be made by whom
PCT
PCT outcome metrics chosen
LSP
LAA targets
OUTPUTS
(The link to other stages of commissioning)
Programme of systematic service reviews (NHS / Social Care)
Prioritisation framework for annual contracting procurement
Mediumterm market development
(capacity to deliver desired service configuration)
Local Government and NHS
Primary Care Investment Commissioning decisions (NHS)
Capital Investment Plans (local / regional government and NHS)

APPENDIX 2

Table 1: primary data needed for a Joint Strategic Needs Assessment

1	**Demography**	Population numbers	Current population estimates x5-year age bands and gender Population projections 3-5 years' time % Change
		Births	Current births and projected rates
		Older people	Current total aged 65+, male and female and five-year projection
		Ethnicity	Current numbers, percentages and projections
2	**Social and environmental context**	Benefits data	Children under 16 in households dependent upon Income Support
		Deprivation	IMD 2004
		Characteristics	Housing tenure
			Living arrangements/over-crowding
			No access to car or van
			Employment data
			Average incomes
			Rural or urban location
3	**Current known health status of population**	Illness and lifestyle	British health survey 2004 Quality and Outcomes Framework GP QMAS data Risk factor data (smoking prevalence)
		Teenage conceptions	Age <16 rate plus 95% CI Age <18 rate plus 95% CI
		Census 2001	Standardised limiting long-standing illness ratio (persons in household)
4	**Current met needs of the population**	Social care	RAP 3: Source of referrals
			P1: Clients receiving community-based services
			RAP P2f: Clients receiving community-based services
			RAP C1: Carers
			SWIFT
		Primary care	Predicted prevalence versus known prevalence of x diseases
			Dental: % DMFT 5-year-olds – trend
			Immunisation: Resident-based uptake rates
		Hospital care (HES data)	Top 10 causes of admission
			Top 10 diagnoses consuming most bed days
			Average, median and range of length of stay
5	**Patient/service user voice**	Social care	User surveys
		Primary and community-based care	GPAQ
			PALS/LINks data (qualitative and quantitative)
			Complaints data
		Hospital care	Self-reported health outcomes
			Patient satisfaction surveys
6	**Public demands**	Local authority	Annual residents survey
			Health scrutiny reports
		NHS	Petitions received

APPENDIX 3

Table 2: secondary analysis of data for Joint Strategic Needs Assessment

1	**Analyses of current inequalities**	Outcomes	by geography (e.g. life expectancy by ward)
			by ethnicity
			by gender
		Service access	by geography
			by ethnicity
			by gender
2	**Projection of service use in 3-5 years' time based on historical trends and current activity**		
3	**Projection of outcomes in 3-5 years' time based on historical trends and current activity**	Outcomes	
4	**Value for money and return on investment**	Programme budgets and outcomes	