

What is a JSNA?

[Emerging Context]

The story so far...



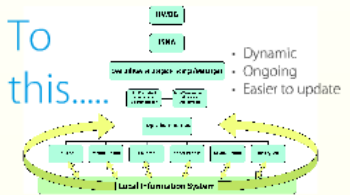
Feedback/Learning

From this...

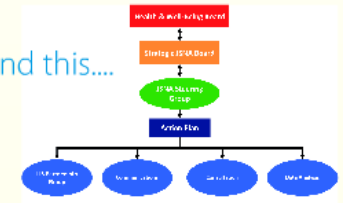


- Static
- Paper-based
- Difficult to update

To
this....



and this...



and this....

JSNA Website Mock Up

[illegible]

Outputs

- Development of LIS
- Mental Health & HIV Needs Assessments
- Topic Summaries - Older People/Children
- Annual Summary - Oct 2011

Consultation

Methods of Consultation:

- Citizen's Panel
- Focus Group
- Questionnaires
- Meetings with voluntary organisations
- Community events

Consultation Sub group

LIS



Structure: Templates

- Question to consider when pilot's big topic arises
- Eligible for a Needs Assessment
- Consultative Process Guidelines

Skeleton Website Structure

- [illegible]

Data

- Warwickshire Observatory
- Alternative Sources of Data including Voluntary Agencies
- Modelling

Moving Forward...


- Process – Working document
- Strategic & Steering Groups
- Development Days – June 2011
- Stakeholder Event – Oct 2011





JSNA





What is
a JSNA?

Background

In 2007, the Local Government and Public Involvement in Health Act placed a joint statutory duty on upper tier local authorities and PCTs to undertake a JSNA.

Purpose

- To identify current and future health & wellbeing needs
- To establish a shared, evidence based consensus on key local priorities
- To form a core element in the Commissioning Cycle.

Joint:

- Should involve **all stakeholders** in identifying needs and acting upon them.
- Provides a framework for health and social care to work in **partnership**.

Strategic:

- Should identify those needs and service requirements that are most relevant and important to its population.
- Should therefore define the strategic direction in its commissioning of services.
- Should consider both current and future health and social care needs.

Needs Assessment:

- Should make use of existing information, identify data gaps and include views of service users, patients and the population.
- Must include outputs that can be translated into actions
- Should consider social inclusion and should identify inequalities in health and well-being and in current service delivery.

Further Info

- Directors of Public Health, Adult Social Services and Children & Young People's Services - jointly responsible for development of the JSNA
- Most organisations produced a JSNA report by April 2009
- Requirement to revise it as a **minimum every 3 years**

[Emerging Context]

July 2010 NHS White Paper Local Democratic Legitimacy in Health:

" the GP consortia and NHS Commissioning Board will be responsible for making healthcare commissioning decisions informed by the JSNA".

November 2010 : Public Health White Paper - 'Healthy Lives, Healthy People'

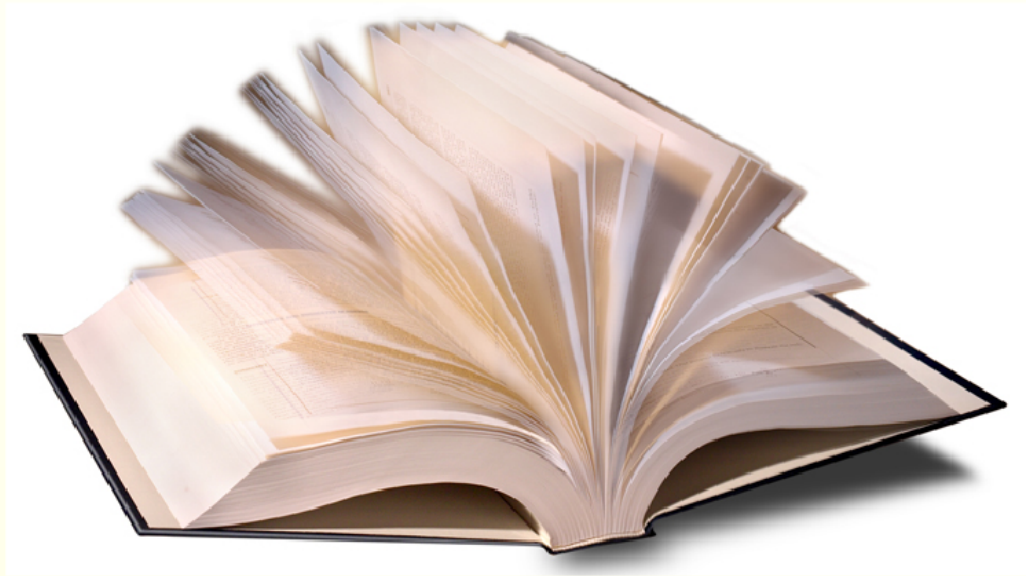
"The Health & Wellbeing Boards will be required to develop joint Health and Wellbeing Strategies which will be based on the assessment of need outlined in their JSNA."

"GP consortia and local authorities, including DsPH, will each have an equal and explicit obligation to prepare the Joint Strategic Needs Assessment (JSNA), and to do so through the arrangements made by the health and wellbeing board."

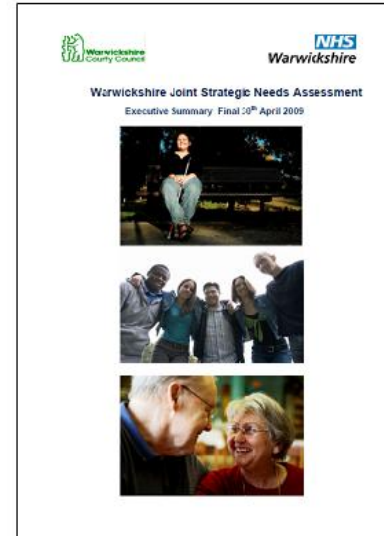
Dec 2010: The Legislative Framework and Next Steps

"Local authorities and GP consortia each would have an equal and explicit obligation to prepare the JSNA, and to do so through the Health and Wellbeing Board. The JSNA will be the primary process for identifying needs and building a robust evidence base on which to base local commissioning plans."

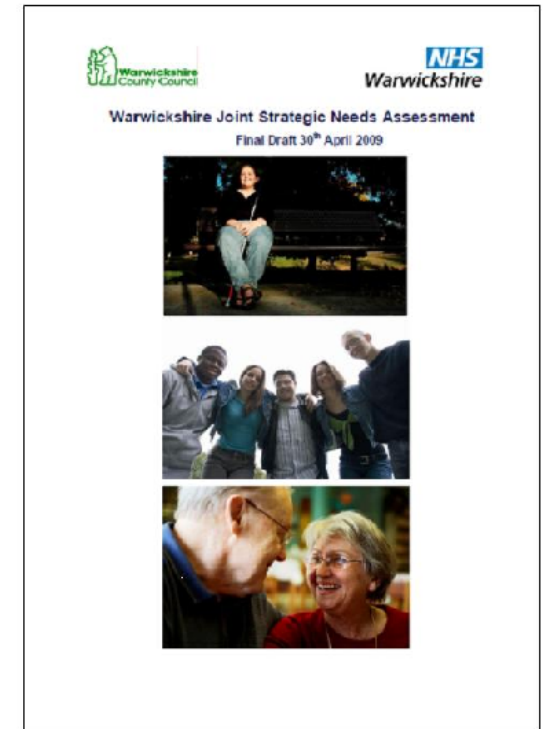
The story so far...



2009 JSNA



- 114 page Report (incl. 12 page Exec Summary)
- 85 page Foundation Report



Feedback/Learning



Feedback

Foundation Report:

- Helpful and comprehensive source of data and statistics
- Unwieldy document to keep up to date. Significant data gaps.

Needs Assessment:

- Covering too much ground at once.
- Not the level of detail that commissioners require.

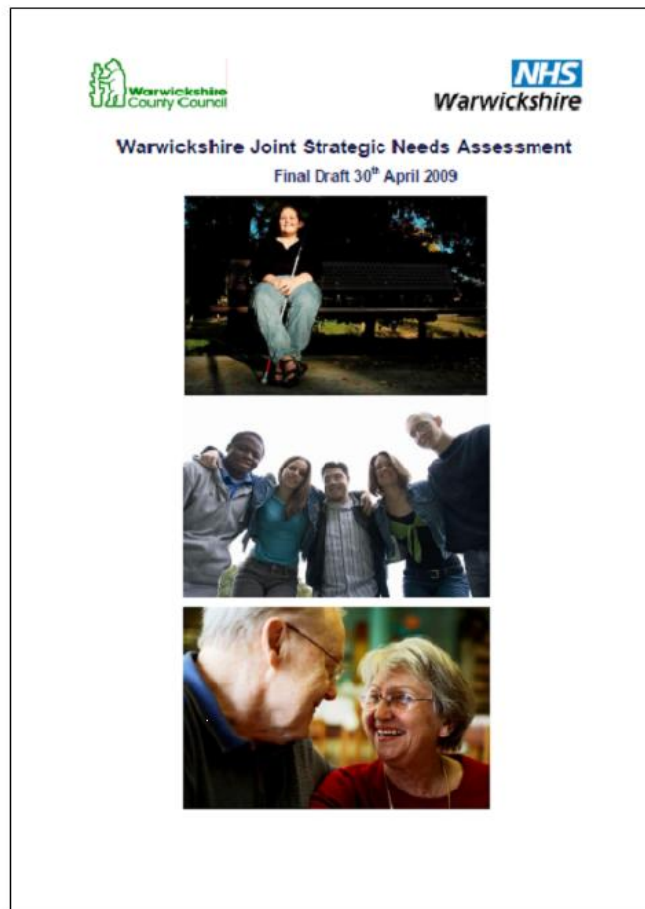
Engagement and Consultation:

- Some limited content but large gaps.

Overall:

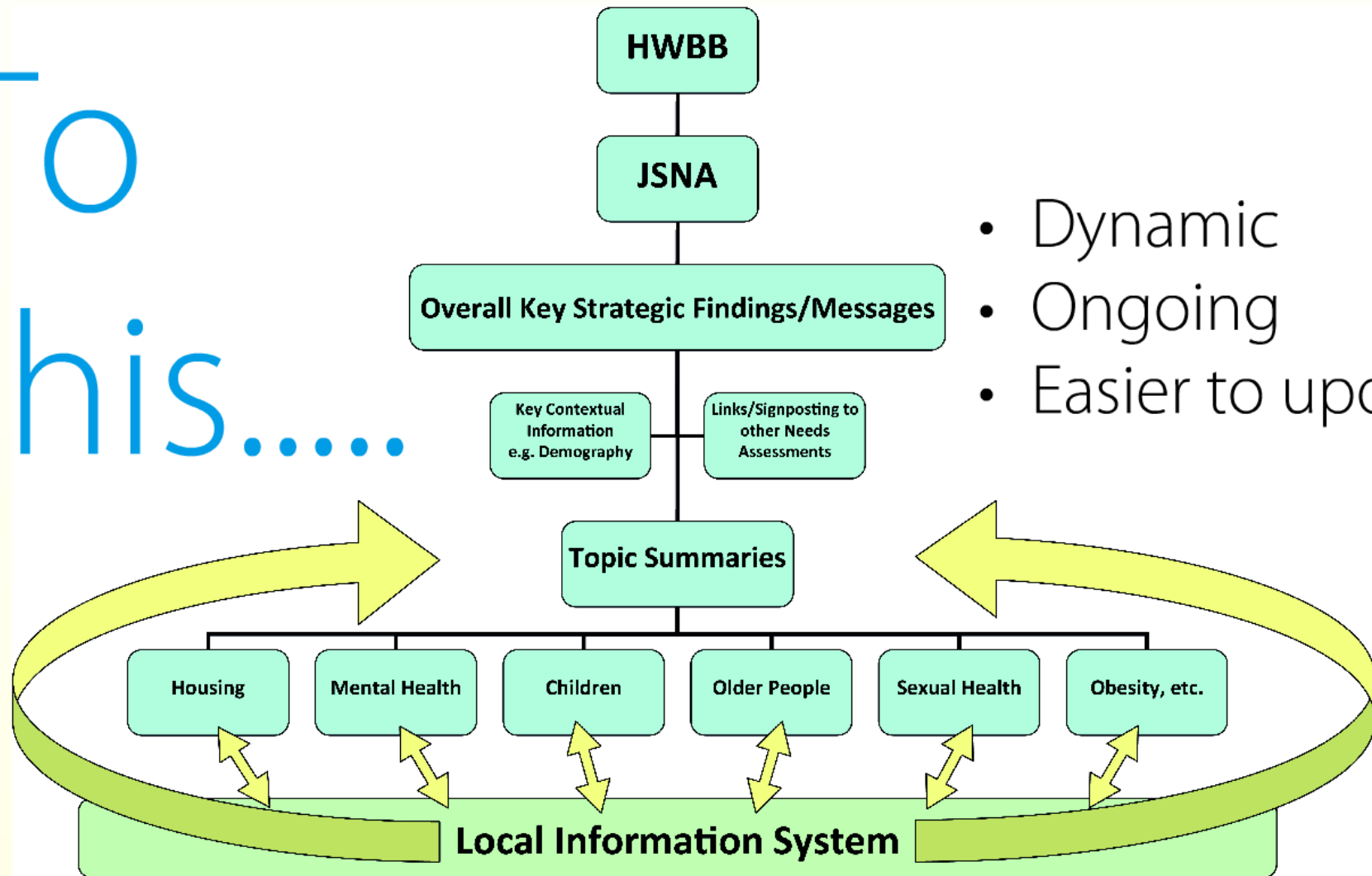
- Broadly similar to other areas.
- Extent to which JSNAs were being used in commissioning/decommissioning decision making was limited.

From this....

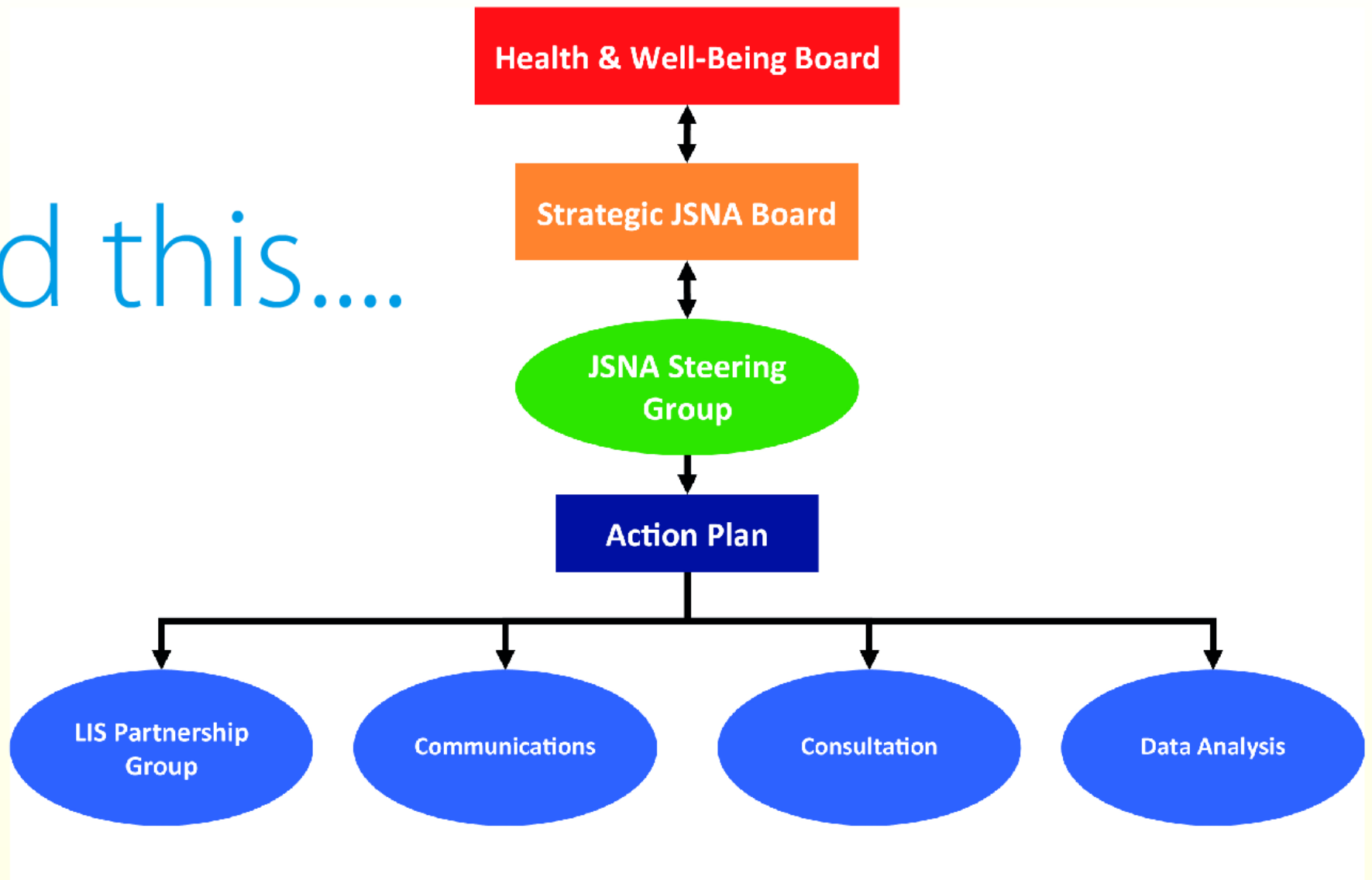


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To
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and this....



JSNA Website Mock Up



Skeleton Website Structure

2012 JSNA
Priorities/ Key Headlines

Context
Demography
Deprivation
The Economy & Labour Market
Education
Crime and Community Safety
Housing
Transport & Access
The Environment

Topic Summaries
Maternity
Children & Young People
Older People

Communicable Disease/Emergency Planning
Obesity
Drugs & Alcohol
Mental Health & Well-Being
Learning Disability
Long-Term Conditions
End of Life
Hard to Reach Groups
Carers

Prevalence of Ill-Health
Long-Term Condition
End of Life Issues
Wider Context of Health & Well-Being
Lifestyle Factors
Children & Young People
Older People
At Risk Groups

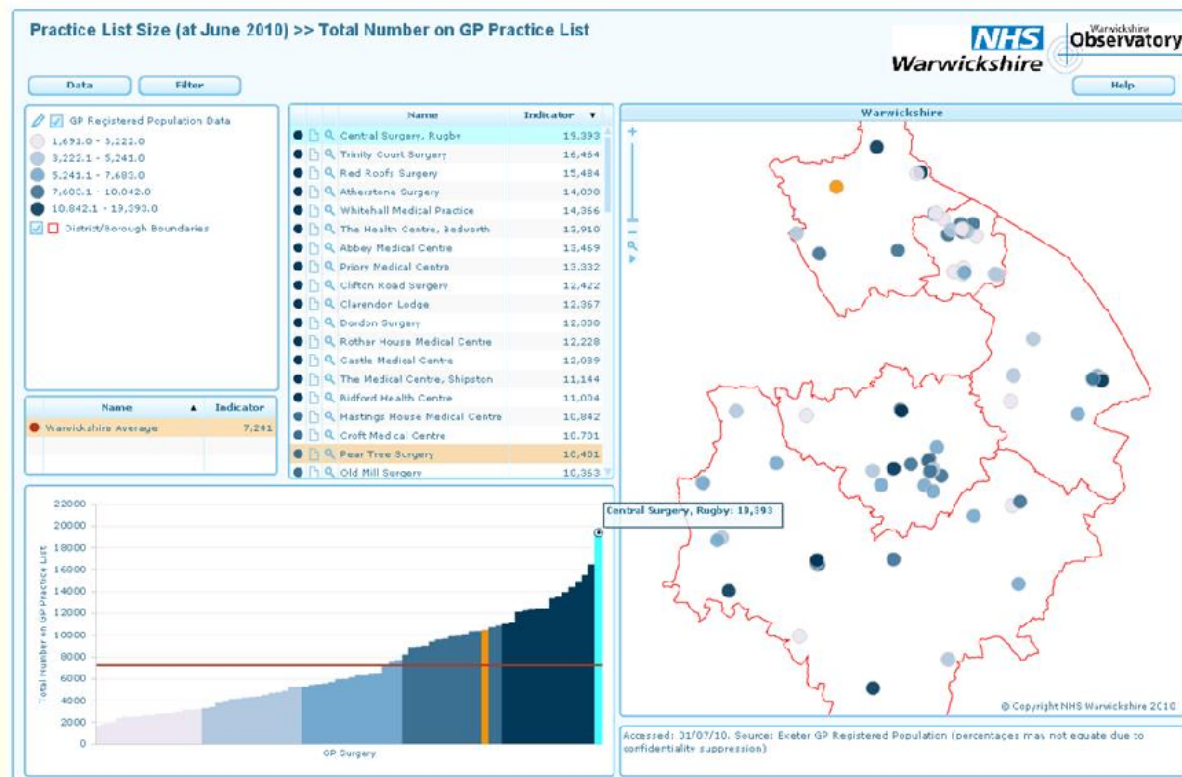
Area Profiles

Raw Data - LIS

Structure: Templates

- Questions to consider when prioritising topics/areas
- Template for a Needs Assessment
- Consultation Process Guidelines

LIS



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Consultation Sub group

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Questions for Discussion...

1. What do you as the....

- Health and Wellbeing Board
- Representing your organisations

....require from the JSNA to inform your commissioning intentions?

What can you bring to the JSNA? Resources/input/influence

What are your times-scales and priorities for the next year/2 years/5 years?

2. How do we decide what the JSNA focuses on to start with? What are the priorities?

3. Given the importance of consultation and engagement in the JSNA process, in your experience and roles, how do we best engage and consult with the districts, constituents, patients, customers, clients, GPs, Primary Care, colleagues, professionals?