

17 January 2012		ITEM 8
Health And Well-being Overview and Scrutiny Committee		
Thurrock Joint Strategic Needs Assessment Strategic Refresh		
Report of: Alison Cowie , Director of Public Health, NHS South West Essex		
Wards and communities affected: All	Key Decision: Not Applicable	
Accountable Head of Service: Ian Wake, Consultant in Public Health, NHS SW Essex		
Accountable Director: Alison Cowie, Director of Public Health, NHS SW Essex Jo Olsson, Director of People Services		
This report is Public		
Purpose of Report: To inform Health Overview and Scrutiny members of the Thurrock JSNA Process and its first JSNA 'product' – the 2011 JSNA Strategic Refresh.		

EXECUTIVE SUMMARY

This report sets out the purpose of the Thurrock 2011 JSNA Strategic Refresh, together with agreed governance arrangements, the JSNA process, outcome and future implications. The JSNA Strategic Refresh is attached this report.

1. RECOMMENDATIONS:

- 1.1 That the Committee consider the information contained within the draft version of the refreshed JSNA to support finalisation of a draft copy for consultation.**

2. INTRODUCTION AND BACKGROUND:

- 2.1** The statutory duty for Primary Care Trusts and top tier local authorities to produce a Joint Strategic Needs Assessment (JSNA) was first set out in the government white paper *A Commissioning Framework for Health and Wellbeing*.¹ The 2010 NHS White Paper: *Equity and Excellence: Liberating the NHS*² reiterated the importance of the JSNA as a commissioning tool for the future, and the recent Health and Social Care Bill that resulted from it,

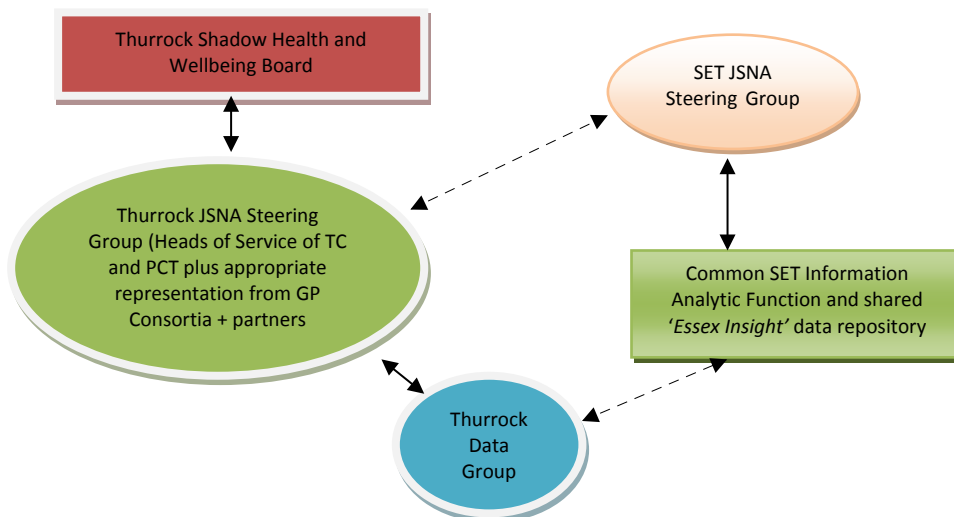
¹ Department of Health 'A Commissioning Framework for Health and Wellbeing', March 2007, Gateway 7361

² Department of Health 'Equity and Excellence: Liberating the NHS' June 2010, Gateway 14385

stated that upper-tier local authorities and clinical commissioning consortia through Health and Wellbeing Boards, have an obligation to prepare a JSNA that will inform a Joint Health and Wellbeing Strategy.

- 2.2 The JSNA needs to produce analysis that adds real value to commissioning processes across key strategic partners including health, local government and the voluntary and community sector. It will need to drive the decision making processes of the Health and Wellbeing Board including commissioning decisions via the development of local Health and Wellbeing Strategies. In order to achieve this, the JSNA needs to be thought of not as a single static document, but as a living data store fed by many sources; a framework making undertaking all needs assessment and making analytic capacity available and a dynamic process from which a number a specific 'products' are delivered to support commissioning decisions to improve health and wellbeing in its broadest sense.
- 2.3 A report produced by the author and agreed by the June 2011 Thurrock Shadow Health and Wellbeing Board set out the governance arrangements through which the Thurrock JSNA processes will operate. (Figure 1).

Figure 1



The first 'product' of the Thurrock JSNA process was also agreed as 'high level refresh' of the previous 2007 Thurrock JSNA document.

3. THE JSNA PROCESS

- 3.1 If the Thurrock JSNA is going to deliver real value to commissioners through a series of products, then ensuring an effective JSNA process and partnership is as, if not more important, than the first product that it delivers.
- 3.2 A JSNA Steering Group has been formed, and membership has included most Council Heads of Service, senior members of the PCT's Commissioning and Public Health functions and both Thurrock Clinical Commissioning Group GP leads. Members of the group participated in a two and a half hour

workshop based on the model of best practice set out in Local Government Improvement and Development Guidance for developing JSNA processes – *JSNA: A springboard for action*³. From the workshop, the Steering Group agreed the scope of the JSNA process, stating that it should be *driving* rather than *informing*, i.e. its findings should be binding on future commissioning decisions, and that it should be the single process through which all future needs assessments are fed through. The steering group also agreed the users of the JSNA, discussed mechanisms through which the JSNA could be used to set future strategic direction and priority setting and recognised the need for the JSNA to focus on multiple products at different levels of breadth and depth for different users.

- 3.3 The JSNA Steering Group also developed a more detailed specification for the first JSNA product. It was agreed that the first product would comprise of a refresh of the original JSNA profile produced in 2007/8 that was developed under the Southend, Essex and Thurrock (SET) area arrangements, but unlike its predecessor, would be far more Thurrock orientated. It should provide a 'big picture' description of health and wellbeing in its widest sense. Where data sources are available, it should also focus down to ward and Middle Super Output Area (MSOA) to describe and highlight differences in the health and wellbeing status of populations living in different areas within Thurrock, and compare Thurrock to its Chartered Institute of Public Finance and Accountancy (CIPFA) comparator group of local authorities, which have broadly similar population profiles, and to Thurrock's geographical neighbours, to highlight where we are doing significantly better or worse than our peers. Where data permitted, it was agreed that the first product should provide an analysis of trends both historical and predictive in order to assist commissioners to identify where future resources may need to be focused and to highlight where further more in-depth JSNA products are required.
- 3.4 The JSNA Data Group has also been formed and has met twice. The structure of the first JSNA product was agreed at the first meeting of data group, and members of the group were assigned to write its individual sections with an agreed initial deadline of the end of the third week of September 2011. Data group members were provided with copies of the national JSNA data inventory which sign posted relevant data sources for individual sections. They were also briefed to structure their sections in a way that provided a brief description of the issue they were writing on and why it was important to health and wellbeing, then present describe the relevant available data (*the 'What'*), explain what the data might mean for Thurrock (*the 'So What?'*), and finally where appropriate make some recommendations from that analysis to assist commissioners in future decision making (*the 'Now What?'*).

4. OUTCOME

³ JSNA – A Springboard for Action, Local Government and Development Group, April 2011. London. www.local.gov.uk

- 4.1 The first product of the JSNA is nearing completion and is attached to this report for consultation, although it is recognised that there is still some work to do in terms of formatting and updating of a few sub-sections.

5. CONSULTATION (including Overview and Scrutiny, if applicable)

- 5.1 The draft JSNA Strategic Refresh has been presented at the December 2011 meeting of the Thurrock Shadow Health and Wellbeing Board, and is presented at the Health and Well-Being Overview and Scrutiny Committee for further consultation. It will also be presented at the Thurrock Children’s Partnership Executive on 19th January 2012.
- 5.2 In addition, both morning and evening sessions of The Thurrock Health and Wellbeing Forum Stakeholder Forum on 9 January 2012 have been dedicated to the JSNA as a mechanism for further consultation with wider key stakeholders and local communities.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

- 6.1 As the key process for identifying local strategic needs and priorities, the JSNA Strategic Refresh and future ‘JSNA’ products should influence priority setting, policies and future commissioning plans across all areas of Thurrock Council, and hence the services provided to the communities of Thurrock.

7. IMPLICATIONS

7.1 Financial

The Thurrock JSNA Steering Group has signed up to the Thurrock JSNA process being one that ‘drives’ rather than simply ‘informs’ the future priorities of Thurrock Council, in line with recommendations of best practice on JSNA set out in the latest Local Government Improvement and Development guidance on JSNA³. As such, the JSNA process may impact on how future financial resources allocated and prioritised as a hierarchy of needs is established.

7.2 Legal

As stated in section two, there is a statutory requirement for top tier Local Authorities to deliver a JSNA process and products to inform the local Health and Wellbeing Board and Health and Wellbeing Strategy.

7.3 Diversity and Equality

The JSNA should identify and highlight unmet needs of different sections of the community and make recommendations to address these needs. This

may include specific population groups or socially disadvantaged geographical areas.

8. CONCLUSION

- 8.1 The 2011 Strategic Refresh of the Thurrock JSNA should be used to inform and drive future commissioning and policy direction of Thurrock Council and the Shadow Health and Wellbeing Board. The main document sets out a series of conclusions of recommendations relating to individual issues and topics that impact on health and wellbeing locally.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT:

- Department of Health 'A Commissioning Framework for Health and Wellbeing', March 2007, Gateway 7361
- Department of Health 'Equity and Excellence: Liberating the NHS' June 2010, Gateway 14385
- JSNA – A Springboard for Action, Local Government and Development Group, April 2011. London. www.local.gov.uk

Report Author Contact Details:

Name: Ian Wake, Consultant in Public Health, NHS South Essex

Telephone: 01268 705203

E-mail: ian.wake@swessex.nhs.uk