

**By:** Meradin Peachy, Director of Public Health

**To:** Health and Wellbeing Board – 28<sup>th</sup> September 2011

**Subject:** Needs of the population driving change in commissioning

**Classification:** Unrestricted

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**Summary:** Following on from the Health & Wellbeing Board workshop that was held on the 20<sup>th</sup> July 2011, it was felt that it would be helpful to share some case studies from the Joint Strategic Needs Assessment (JSNA). This paper is a brief summary of the presentation that will be given at the meeting.

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## **1. Key Facts:**

- 1.1 The duty to undertake JSNA is set out in Section 116 of the Local Government and Public Involvement in Health Act 2007.
- 1.2 Healthy Lives, Health People: Our Strategy for Public Health England States:  
*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), and to do so through the arrangements made by the Health and Wellbeing Board.*
- 1.3 The JSNA can be described as an umbrella under which there are a number of supporting needs assessments which help to shape the key priorities and recommendations.
- 1.4 The approach taken in Kent is to provide a summary of all recommendations and priorities identified within existing and emerging needs assessments in Kent.
- 1.5 Further detail can be found on the Kent and Medway Public Health Observatory website: [www.kmpho.nhs.uk/jsna](http://www.kmpho.nhs.uk/jsna)
- 1.6 *“Responsibility needs to be shared across society – between individuals, families, communities, local government, business, the NHS, voluntary and community organisations, the wider public sector and central government.” **Health lives, health people – our strategy for Public Health in England, Section 2.5 page 25. Crown copyright 2010***

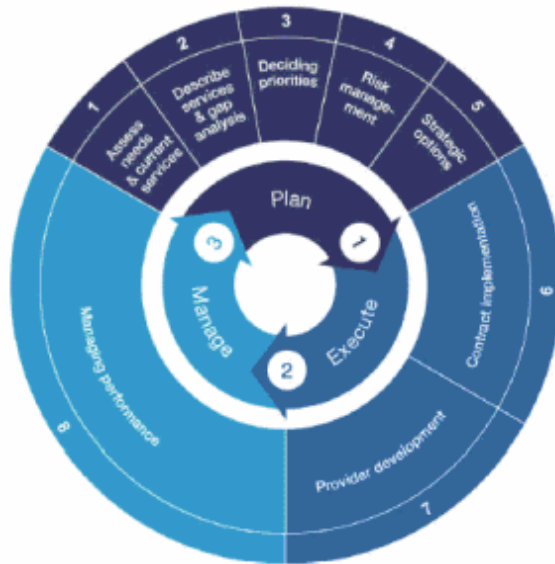
## **2. Developing Clinical Commissioning Groups**

- 2.1 Towards authorisation a draft document from Sir David Nicholson identifying 6 domains for success for a CCG. Sections relate to population needs based commissioning in health and social care.

### 3. Needs to starting point in the Commissioning Cycle

JSNA process starts at assessing need and stretches at least to 5 and some will be to 8 (this is the classic model)

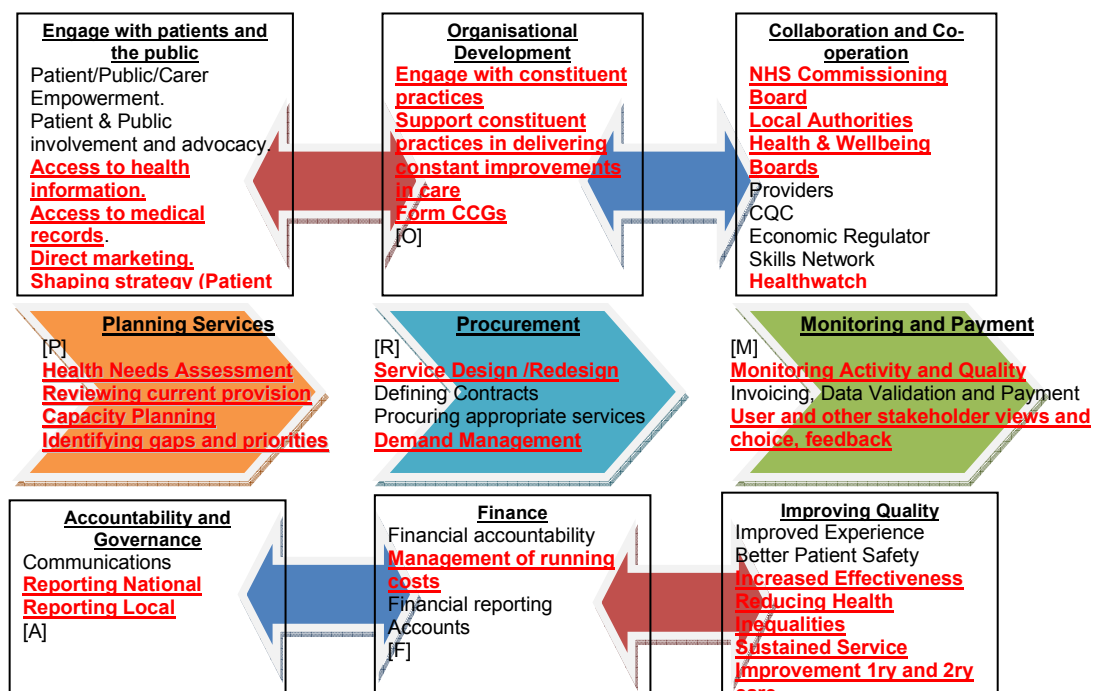
#### Commissioning cycle



1. **Assessing needs:** through a systematic process, understanding of the health and health care needs of the PCT's resident population.
2. **Reviewing services and gap analysis:** reviewing the services currently provided and based on the needs, defining the gaps (or over provision).
3. **Risk management:** understanding the key health and health care risks facing the PCT and deciding on a strategy to manage it.
4. **Deciding priorities:** given a list of desirable actions, using available evidence of cost effectiveness and based on a robust and defensible ethical framework, prioritise areas for purchase.
5. **Strategic options:** bring together all the available information into a single strategic commissioning plan that outlines how the PCTs will deliver its core objectives (including those of the SHA and DH).
6. **Contract implementation:** put those strategic plans into action through contracting.
7. **Provider development** (including care pathway re-design and demand management): support provider improvements or introduce new providers to deliver the services required (including setting up demand management systems and designing new care pathways). This includes supporting providers in decommissioning of services where appropriate.
8. **Managing provider performance:** monitor and manage the performance of providers against their contracts, especially against KPIs.

### 4. Future Scope of Clinical Commissioning Group responsibilities

From - Commissioning Intelligence: Better Information, Better Choices and Better Outcomes, July 2011



## **5. Examples from Case Studies**

From – Joint Strategic Needs Assessment in South East – Review of Practice, January 2011

### **“Case study – JSNA Themes in Kent**

Kent undertook two separate JSNAs, one for Adults and another for Children, as well as contributing to a JSNA for Mental Health undertaken across both Kent and Medway. The Adults JSNA was conducted in three separate phases. Year one concentrated on outlining the key demographic shift and helped concentrate the commissioners on the ageing population and long term conditions. In year two the Adults JSNA drilled down into a further three in-depth needs assessments: mental health, alcohol and dementia. Although the separation of the JSNA into themes was a product of organisational dynamics, it did allow them to focus the JSNA work and gain an in-depth view of key issues which enabled the JSNA to influence specific commissioning decisions, shape the agenda for the Kent Children’s Trust and fundamentally drive the priorities of the Children and Young Person’s Plan.”

### **“Case Study – Identifying Deprivation in Kent**

The JSNA work for Adults in Kent decided to include social marketing segmentation tools to identify the population profiles of people with long term conditions and people known to social services in Kent to better help commissioners understand the best ways to reach out to these groups. This approach challenged assumptions and found pockets of people living in deprivation in otherwise affluent areas and helped lead to changes in the approach to initiatives.”

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