

**By:** Roger Gough, Cabinet Member for Education and Health Reform  
Dr Abraham George, Public Health Consultant

**To:** Kent Health and Wellbeing Board

**Date:** 29<sup>th</sup> May 2013

**Subject:** Joint Strategic Needs Assessment (JSNA)

**Classification:** Unrestricted

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**Summary:**

This paper is seeking the Kent Health and Wellbeing Board's approval for the establishment of a Project Development Group to oversee the rolling programme of JSNA updates, as well as approval for the process to be used.

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**1. Background.**

- 1.1. The duty to undertake the JSNA is set out in Section 116 of the Local Government and Public Involvement in Health Act 2007.
- 1.2. Healthy lives, Healthy People: Our Strategy for Public Health in England 2010, 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. Health and Wellbeing Boards will develop joint health and wellbeing strategies (JHWS), based on the assessment of need outlined in their JSNA.
- 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. Combining everything into one document will make the JSNA too large to be effective as a commissioning tool.
- 1.4. It is proposed that the JSNA is supported by a number of tools and datasets which enable key priority areas for focus.
- 1.5. Expectations of the JSNA:
  - Informs the Joint Health and Wellbeing Strategy and the role of local authorities in the promotion of healthy public policy
  - Provides a comprehensive profile (current and future) of the health and social care needs of the population of Kent
  - Identifies key priorities, areas for investment/de-investment
  - Reviews service provision
  - Reflects views of local communities
  - Contribute to the health inequalities agenda, in particular the local implementation of the Marmot Review on the Social Determinants of Health
  - Needs to be accessible to all commissioners, of both health and social care services and of relevant third sector provided services
  - Needs to provide a clear policy context for all relevant provider services

- Needs to drive commissioning decisions. All commissioning decisions must be rooted in the JSNA

## 2. Proposed Governance

2.1. To take forward the development and production of the JSNA, it is proposed that a Project Development Group is established. The governance of this group would be through the:

- Health and Well Being Board (HWB) to be sponsor of JSNA Project Development Group (PDG)
- Meradin Peachey – Kent Director of Public Health – Lead Director
- Chair of JSNA PDG – Meradin Peachey – or nominated delegate

2.2. Proposed Membership of the JSNA PDG:

- Family and Social Care Services
- Public Health
- Business Intelligence, KCC
- Kent and Medway Public Health Observatory
- CCG
- NHS England
- Public Health South Region
- District councils
- Kent and Medway Commissioning Support services [Business Intelligence Team and Patient Engagement team]
- Children's Trust/Children's Services
- Communications and Engagement
- Health Watch
- Voluntary sector

2.3. Roles and responsibilities of the JSNA PDG:

- Ensure the JSNA is developed in alignment with National Guidance and best practice
- Overseeing the production of an annual core dataset and overview chapter
- Contributing to and agreeing a process for the rolling needs assessments
- Advising the health and wellbeing board on priorities for needs assessment using an agreed prioritise tool
- For each topic area agreed for a deep dive needs assessment, providing advice on appropriate sources of information and data as well as on key stakeholders from across the NHS, council and community
- Agreeing realistic project plan for both the overview chapter and each needs assessment
- Acting as an advocate for the JSNA process, encouraging its wide usage, and actively seeking to address 'lessons learned' locally and nationally
- Identifying risk and barriers to the successful production of each aspect of the JSNA and attempting to avoid and resolve these
- Inviting commissioners, JSNA authors and other key stakeholders to review the implementation of JSNA recommendations, past and present
- Contribute to and agree a communications strategy for the JSNA to ensure that communities and stakeholders are aware of the JSNA recommendations

- Ensure there are adequate communication mechanisms in place to raise the profile of the JSNA and its use in the commissioning cycle and contribution to the Health and Well Being Strategy
- Ensure there is appropriate community engagement, enabling an asset based approach
- Ongoing review of usage of JSNA and recommendations on development based on use and feedback
- Keep abreast of IT solutions available to deliver JSNA content to Commissioning stakeholder desktops, and make recommendations for technical development
- Engagement with the development of the Joint Health and Wellbeing Strategy

### **3. How should the JSNA be structured?**

3.1. The JSNA aims to provide strategic direction for Kent County Council, 12 District Councils and 7 Clinical Commissioning Groups. This presents a significant challenge within Kent to ensure that all partners are engaged and can see the relevant strategic links from KCC right through to individual practices.

3.2. The current JSNA is structured using the following chapter headings, based on the electronic summary JSNA developed in Nottingham. Existing needs assessments have been summarised and are available from the KMPHO website. The recommendations from each of the needs assessments contributed to the overview document for the 2012 JSNA 'Working together to keep Kent Healthy'.

- Who is at risk and why?
- The level of need in the population
- Current services in relation to need
- Projected service use and outcomes in 3-5 yrs and 5-10 years
- Evidence of what works
- User views
- Equality impact assessment
- Unmet need and service gap
- Recommendations for commissioners
- Further needs assessments required

### **4. Timeframe**

4.1. The JSNA will be an on-going process based on prioritisation and review of needs assessments. There will be an annual up-date of the overview chapter highlighting any significant changes.

4.2. In order to inform the commissioning cycle of partner and commissioning organisations it is proposed that the overview chapter is available by the 1<sup>st</sup> September each year.

### **5. Resources**

5.1. The production and delivery of the JSNA is considered part of the core functions for the Directors of Social Care, Director of Children's Services and the Director of Public Health and as such most of the work will be delivered through current resources.

5.2. A commitment from Public Health Consultants/Specialists and leads within Social Care is required to ensure that the right messages are contained within the JSNA

5.3. The KMPHO lead on the production of Health and Social Care Maps across Kent and Medway. These will form the core dataset for the JSNA and are currently produced at Borough and District Level. Where appropriate indicators will also be produce by practice and clinical commissioning group.

<http://www.kmpho.nhs.uk/health-and-social-care-maps>

5.4. It is proposed that the HSCM are developed to enable better navigation through the indicators, the ability to download associated datasets and to improve the quality of the data images to enable greater use and functionality of the HSCM. This may require investment in new technologies for presenting and interacting with the data.

## **6. Accessibility**

6.1. To ensure effective use of the JSNA it needs to be accessible by all partners in a format that encourages use. Further development of the KMPHO website may be required to make the information within the JSNA and supporting tools more accessible.

6.2. An effective communications and engagement strategy for the JSNA is required to ensure that the information is accessible to all audiences and provides key messages at the level they need to be received.

6.3. The CCG level health and wellbeing boards should provide a link through from the priorities and actions at a Kent level to those at a more local level to ensure that the priorities are met.

## **7. Recommendations:**

The Kent Health and Wellbeing Board is asked to

- a) Agree the process to update the JSNA
- b) Agree the membership of the JSNA Project Development Group.

## **Contact Officers:**

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