

DUDLEY JOINT STRATEGIC NEEDS ASSESSMENT: PRODUCT; PROCESS; PROJECTION

A Discussion Paper for Shadow Dudley Health and Wellbeing Board

Context: The legal requirement

Joint Strategic Needs Assessment (JSNA) has been a statutory duty on upper-tier local authorities and PCTs since 2007 (Local Government and Public Involvement in Health Act 2007). JSNA at its inception was defined as

'A process that will identify the current and future health and wellbeing needs of a local population, informing the priorities and targets set by Local Area Agreements and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities' (DH, 2007)'

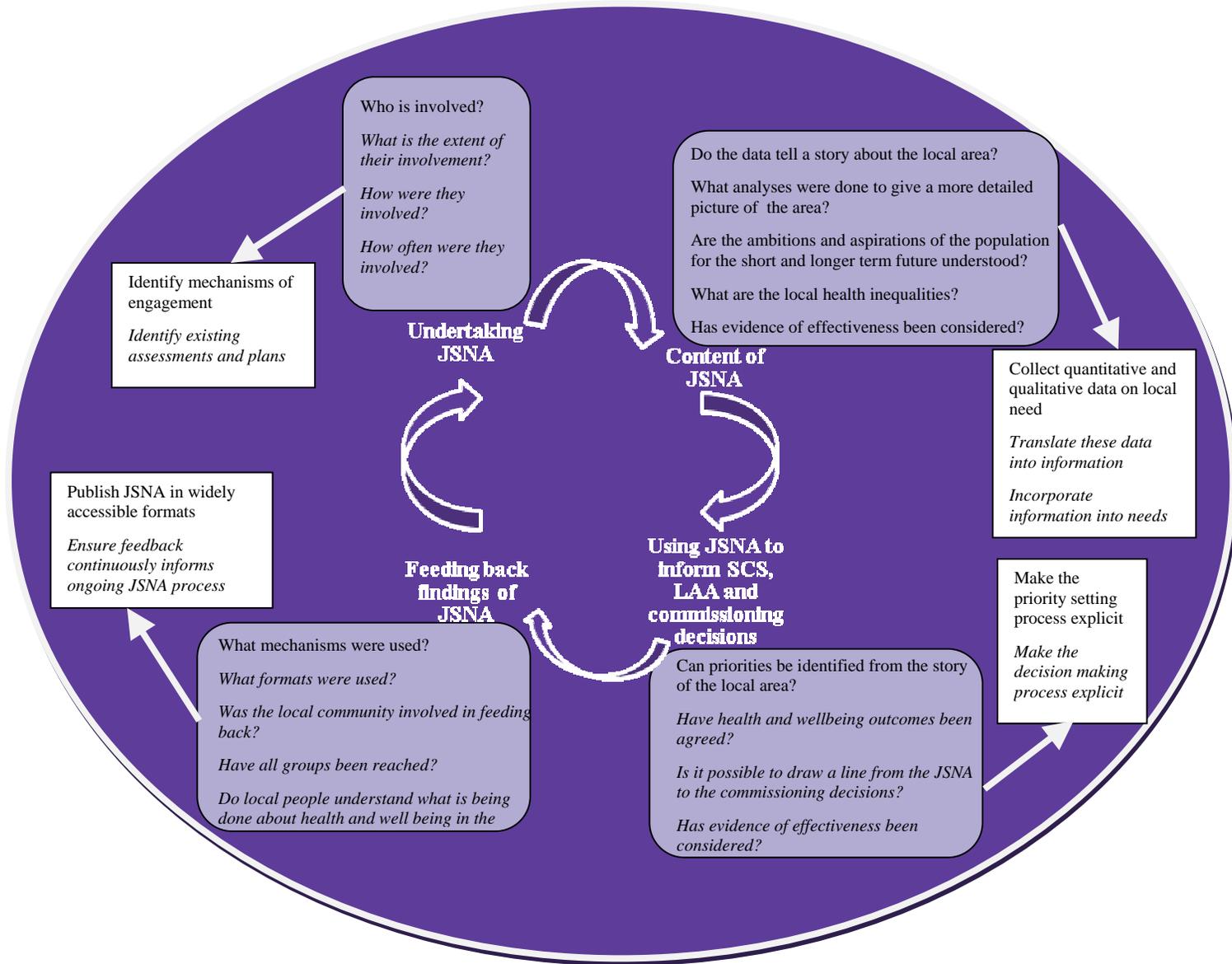
The guidance outlined the various stages of JSNA and these are presented in Figure 1 (over). The key points were that the JSNA should be a continuous process, involving the identification of health and well-being needs in light of existing services. It should inform future service planning, taking into account evidence of effectiveness.

The intention, as set out in the guidance, was for the JSNA to be undertaken by the Directors of Public Health (DPH), Adult Social Services (DASS) and Children's Services (DCS) in collaboration with Directors of Commissioning. The process was intended to involve community engagement (communities, patients, service users, carers and providers) to understand fully the needs of the community with a particular focus on the views of vulnerable groups. Guidance included a list of JSNA indicators which it was suggested should be examined.

The duty on Local Authorities remains in the Health Bill 2011 which also places a duty on Clinical Commissioning Groups (CCGs) to be a party in the JSNA production and for the local arm of the NHS National Commissioning Board (NHSCB) to contribute as requested. The legally defined scope is extended to require an assessment of future needs as well as the previous requirement for assessment of current needs.

The Bill also imposes a duty on Local Authorities and CCGs to produce joint high level Health & Wellbeing strategies having regard to wider determinants of health to meet the needs identified in the JSNA and for them to have regard to the JSNA when carrying out commissioning functions. Within DMBC this will ensure an opportunity for involvement of all service providers across the organisation not just involved in social care (nb there is also a requirement for the Boards to have regard to the new Secretary of State 'mandate' on outcomes in the strategies). The duties are to be exercised through the statutory Health and Wellbeing Boards.

Figure 1 – The Joint Strategic Needs Assessment Process



JSNA Process in Dudley: the story so far

Dudley Health and Social Care Community set up a JSNA project board in 2007 overseen by the Health Improvement Modernisation Management Team (HIMMT) reporting to the Dudley Health & Wellbeing Partnership. The project board comprised the following members:

- Director of Public Health, Dudley PCT and Dudley MBC
- Head of Corporate Policy and Research Dudley MBC
- Assistant Director for policy performance and resources, Directorate of Adults, Community and Housing Services
- Assistant Director for Transforming Futures, Strategic Planning, Children's Services
- Head of Policy and performance, DACHS
- Senior Public Health Information Specialist Dudley PCT
- Research and Intelligence Officer Dudley MBC
- Planned Care Commissioning Lead and Acute Services Liaison, Dudley PCT
- Head of Children's Trust Support Dudley MBC
- Performance Coordinator/manager Dudley Community Partnership
- Admin Officer/PA Dudley Community Partnership

The group met and agreed to produce its first JSNA document and was 'ahead of the field' in producing this in March 2007. The process aimed to build a picture of current services i.e. baseline and to gather information to plan, negotiate and change services for the better and improve outcomes for the population. Dudley was recognised by the West Midlands Strategic Health Authority as one of the leading early implementers of the JSNA process in the West Midlands.

The analysis was added to in early 2008, by the formal adoption by the Dudley Community Partnership (DCP) of the Director of Public Health's 2007 Atlas for Health, as the spatial dimension of the JSNA. 2008 also saw further development by the addition of a specific JSNA for children. As a *strategic* assessment the JSNA has driven the Borough Partnership's renewal of Dudley Community Plan, the DMBC/Dudley PCT Joint Health and Social Care Commissioning Strategy, Dudley PCT's Strategic Plan and the Borough's Local Area Agreement with Central Government.

In 2009, the inequalities dimension of the JSNA was further developed, examining in more depth the nature and extent of inequalities in the Borough with an update to the initial baseline JSNA report. JSNA predictive modelling was also extended, to look at the impact of additional investment in smoking cessation and interventions to reduce alcohol misuse; include projections on dementia as part of social care strategy modelling; some modelling of demand for social care learning disabilities services; as well as further demographic modelling of health service demand.

The Dudley Community Partnership (DCP) concentrated efforts in 2009 in developing a web-based JSNA. The project board developed a specification for the site and this was put out to tender. This IT work was funded jointly by DACHS, DCS and the DPCT. The completed bids were reviewed by the board and a preferred provider determined and appointed. Work on the site started in March 2009, under the guidance of the JSNA project board. The web developer

(Nutcracker Ltd) was heavily involved in researching and developing the design of the JSNA website within the confines of the DCP content management system. With this in mind, in August 2009 it was decided by the project board that Performance P+ could usefully be used to present the JSNA core dataset, as many of the indicators required for the core dataset were already collected in Performance P+. The principle of 'do once and share' was adopted throughout. There was therefore a reduced requirement for data inputting and this was undertaken within existing resources within the DCP and Dudley MBC, with all partners providing the data. The web developer produces a search engine covering both the website and the briefing book for indicators produced from Performance P+.

This website has dramatically improved access to the JSNA by all partners. It not only provides access to all JSNA documents, but also includes on-line access to the JSNA core indicators dataset for Dudley with comparative data for the West Midlands and England when available. These data are updated on a regular basis as new data are published. The website's 'Community Voice' area provides access to reports on community consultations and engagement and a link to the to the DMBC consultation database.

The website was launched in January 2010 and was accepted by the DCP Executive Board in February 2010 and demonstrated to DMBC Corporate Board and HIMMT.

The Government has now published 3 'outcome frameworks' by which it will assess progress in improving health and wellbeing and which are likely to influence the proposed 'health premium'. While there is no specific outcome framework for children and young people indicators relating to this population are present within the frameworks. Some indicators are common to two or all three frameworks. Dudley's JSNA web-based indicator set already covers 47% of the new adult social care framework, 29% of the NHS framework and 50% of the public health framework.

The website can be accessed at: www.dudleyisp.org

For Dudley, the JSNA has always been conceived as an ongoing process over time, accumulating and updating knowledge; undertaking a whole series of needs assessments and consolidating these periodically – hence the web-based approach. Appendix 1 presents an outline of material now on the site. In this way, the JSNA is seen as both a product and a process whereby relevant needs assessment material is also included in many of our strategies.

JSNA in Dudley: reflection

Successes

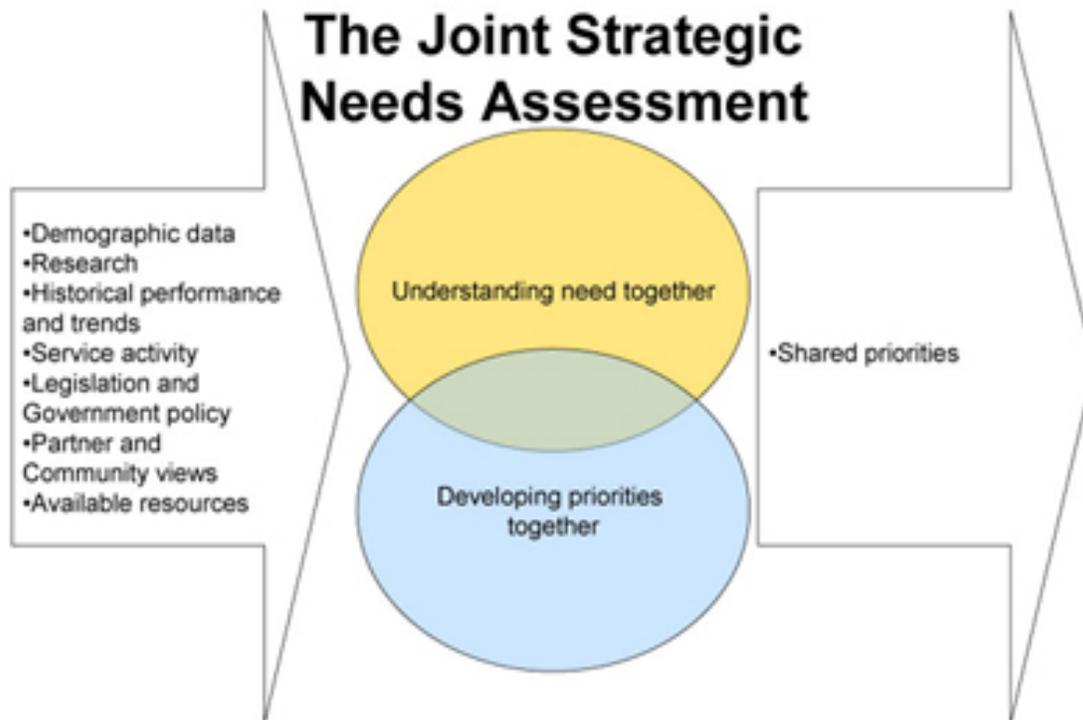
- JSNA has driven multi-agency strategy, particularly the Dudley Community Strategy, the Health and Social Care Joint Commissioning Strategy and, more recently the multi-agency Health Inequalities Strategy. It has also very evidently informed the Primary Care Trust's Strategic Plan for Health and Operational Strategy. A variety of DMBC strategies have used and presented JSNA material.
- Strong focus on *outcomes*, rather than service led
- JSNA has exposed unmet need and this has fed through to plans.

- The JSNA approach has brought all the data together in one place.
- JSNA has provided the 'glue' to strengthen partnerships particularly between Public Health, Dudley Community Partnership more generally and Dudley MBC.
- JSNA has highlighted inequity and driven further a health inequalities approach.
- JSNA analysis and process has identified new areas for attention/investment.
- JSNA has provided the basis for some new and innovative services (weight management pathways for adults and children; new services for alcohol misusers; approach to NHS health checks; new approaches in children's health and social care).
- Strong community engagement developing JSNA for the Health and Social Care Joint Commissioning Strategy and other strategies eg Older People.
- Equality duty clearly embedded in the JSNA process with equality impact assessments completed for every strategy on the site.
- JSNA has influenced commissioning decisions (but to differing extents in different agencies and department within agencies).

Areas not so Well Developed

- The web based application is an impressive resource but wider promotion would realize the full potential benefit across Council Directorates and agencies.
- There is a sense that JSNA has to be 'all things to all people' and there may be a need to refine the scope and remit and ensure a clearly agreed and understood focus.
- JSNA has been used more in some areas than others.
- With the exception of those on DCP partnerships there has been limited opportunity to engage Elected Members.
- A deficits model has not been balanced with an asset-based approach.
- JSNA has not been fully used as a tool to encourage challenge to existing commissioning.
- More scope for predictive modeling and future scenario development
- Focus on evidence of effectiveness of interventions.

JSNA: the challenges ahead



The Health and Wellbeing Board will be charged with ensuring a coordinated wellbeing, health and care services strategy for the Borough. It will have a statutory duty to produce a high level health and wellbeing strategy and then to judge the extent to which detailed commissioning plans from the Clinical Commissioning Groups, the Council and the National Commissioning Board are in line with, and enable, delivery of that strategy. The challenge is to put in place a JSNA product and process that will drive the production and agreement of a competent and deliverable strategy for the people of Dudley.

Scope and Mandate

There is a need for a new agreement on the scope and mandate for JSNA in Dudley,

- How wide will the influence go?
- How are we conceptualising 'wellbeing'?
- How best to ensure that JSNA adds value to existing commissioning strategies and planning processes and though high level , enables 'deep dive' where needed

defining the levers which will ensure that JSNA process facilitates joint priority setting that will be become embedded into subsequent operational delivery plans across the Partners.

Target Audience

There is a need to re-specify the target audience for the outputs for JSNA.

- Elected members of Health and Wellbeing Board
- Clinical Commissioning Groups
- Voluntary and third sector
- The public

and define different products for different audiences for effective communication.

At the same time the confidence of decision makers that the JSNA is of sufficient quality to enable challenge to services needs to be maintained.

Designing a Shared Process

A key task for Dudley is to develop the needs assessment process so that it moves from hard data, with the correct inference, through to a shared priority setting which scrutinises value and encourages constructive challenge and redesign.

Governance

With a changed organisational landscape and the strategic role for the Council via the Health and Wellbeing Board, there will need to be a re-assessment of the governance structure for ensuring continued delivery and visibility of a quality JSNA product and process.

Recommendations:

1. Improve visibility and availability of existing JSNA resource by promotion of awareness across Council Directorates and partners, particularly the Dudley Health CCG.
2. Incorporate session on JSNA into Health & Wellbeing Board development programme at an early stage.
3. Incorporate a review of JSNA governance structure into overall development of Health and Wellbeing Board governance via a dedicated session on governance in the Health & Wellbeing Board development programme.

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(September 2011)

References

DH, (2007). Guidance on Joint Strategic Needs Assessment. London

Local Government Group JSNA toolkit 2011

Dudley JSNA – Content Outline

Links to Website

- Link to Healthy Towns website
- Link to Dudley's Local Improvement Network (LiNK) website

Needs Assessments

- Dudley Borough's Economic Assessment
- Dudley's Planning Policy Annual Monitoring Reports
- Child Poverty Needs Assessment 2011
- Dudley Pharmaceutical Needs Assessment (PNA) 2010/11
- Dudley Children & Young People JSNA Oct 2008
- JSNA of Health and Well Being in Dudley 2009
- Dudley JSNA - Executive Summary March 2007
- Dudley Strategic Needs Analysis March 2007
 - Part 1 Demography
 - Part 2 Health Risks
 - Part 3 Horizon Scanning
 - Part 4 Adult Community and Housing Services

Director of Public Health Annual Reports and Compendium

- A Sense of Place – An Atlas for Health in Dudley, 2007 (split into section due to size issues)
- 5 Steps to Healthy Sex in Dudley, 2008 (split into parts due to size issues)
- Thirty Years On.... Primary Care, Past and Present in Dudley, 2009 (incorporating GP Practice Profiles)
- Director of Public Health Annual Report 2007 Public Health Compendium
- Dudley Public Health Compendium 2008

Surveys

- Dudley Carers Survey Analysis 2009 – 10
- Dudley Health Survey 2009 Preliminary findings

Strategies

- Black Country Joint Core Strategy
- Dudley Supporting Peoples Strategy 2010 - 15
- Ageing Well Strategy 2010 - 13
- Dudley Adult Mental Health Joint Commissioning Strategy
- Housing Support Strategy 2010 – 13
- Preventing the need for Adult Social Care 2010 - 13
- Strategy for people with Physical Disability / Sensory Impairment 2010 - 13
- Safe and Sound Strategic Assessment Feb 2010

- Joint Service and Commissioning Strategy for People with a Learning Disability in Dudley 2009
- Commissioning Strategy - Older People Care at Home 2009 - 11
- Dudley Housing Strategy 2007 - 10
- Joint Accident Prevention Strategy for Dudley 2009-2012
- Joint Accident Prevention Strategy for Dudley 2005 - 2008
- Primary Care Prevention Strategy for Dudley 2009 – 2013

Voices Pages (Attachments)

- Duty to Report 2010 (PCT)
- Quality Accounts News Letter March 2010
- Survey of people who use community mental health services 2010
- Keeling House Virtual Ward Patient Experience Report

Service Users Page

- Link to Community Equipment Services, Income Based Benefit Receipts and Fuel Poverty, Park Users Survey - Summer 2008, Carers Emergency Home Support, Attendance Allowance, Dudley Leisure Centre, Local Play Areas - links to DMBC Engagement Data Base

Attachments

- Community Dermatology Surgical Service Patient Satisfaction Feb 2009
- Patient Experience of Choose and Book Final Version July 2009

Links

- Link to Place Survey on DCP website
- Link to Ageing Population Housing Strategy, Park Green Space Strategy, Community Strategy Refresh, Healthy Towns Initiative (all and Dudley North specifically) on DMBC engagement data base