PART I
FOR CONSIDERATION & COMMENT

JOINT STRATEGIC NEEDS ASSESSMENT

1. **Purpose of Report**

   The purpose of the report is to:

   (a) To inform Members of Slough Borough Council’s responsibility in relation to the Joint Strategic Needs Assessment.
   (b) To inform Members of the policy context
   (c) To inform Members of the definition of Joint Strategic Needs Assessment

2. **Recommendation(s)/Proposed Action**

   For consideration and comment.

3. **Key Priorities – Taking Pride in Slough and Making a Difference to Communities and our Environment**

   Priority 1 – Creating safe, environmentally friendly and sustainable neighbourhoods.

   Priority 2 – Improving lives for those in need and creating thriving communities.

   Priority 3 – Improving life chance for children and young people

   Priority 4 – Ensuring excellence in customer services

   Priority 5 – Maintaining excellent governance within the council to ensure it is efficient, effective and economic in everything it does.

   This report reflects the Council’s aims under the five key priorities and focuses on all aspects of community wellbeing.
4. **Other Implications**

(a) **Financial**

There are no financial implications arising from this report although it is anticipated that the JSNA will influence future commissioning and financial priorities.

(b) **Human Rights Act and other Legal Implications**

There are no Human Rights Act implications.

5. **Supporting Information**

5.1 The Local Government and Public Involvement in Health Act (2007) places a duty on upper-tier authorities and Primary Care Trusts to undertake a Joint Strategic Needs Assessment (JSNA). JSNA is a process that will identify the current and future health and wellbeing needs of the local population, informing the priorities and targets set by Local Area Agreements and leading to agreed commissioning priorities that will improve and reduce health inequalities.

5.2 In 2006 the Department of Health White Paper *Our Health, Our Care, Our Say* sets out a new direction for improving the health and wellbeing of population in order to achieve:

- Better prevention and early intervention for improving health, independence and wellbeing
- More choice and a stronger voice for individuals and communities
- Tackling inequalities and improving access to services
- More support for people with long term needs

*Our Health, Our Care, Our Say* identified the need for Directors of Public Health, Directors of Adult Social Services and Directors of Children’s Services to undertake regular strategic needs assessments of the health and wellbeing status of their populations, enabling local services to plan, through Local Area Agreements, both short and medium term objectives.

5.3 The Local Government White Paper, *Strong and Prosperous Communities*, outlined a vision of responsive services and empowered communities, including a Community Call for Action across local public services.

5.4 The Local Government and Public Involvement in Health Act (2007) places a duty on upper-tier local authorities to prepare Local Area Agreements in consultation with others. The Act also places a duty on upper-tier local authorities and PCTs to produce a JSNA. The draft statutory guidance accompanying the Act requires the JSNA to underpin the Sustainable Community Strategy and, in turn, the Local Area Agreements.

5.5 The new performance framework for local authorities working alone or in partnerships, contains 198 national priorities for local delivery, many of which are relevant to improving adult health and wellbeing. Although performance will be measured against all 198 indicators, each Local Area Agreement will have up to 35 national priority targets that will be subject to performance monitoring, with local
partners free to agree additional targets to support improved local delivery and outcomes. Cabinet has agreed the priority LAA indicators for Slough and these are consistent with the needs identified within the JSNA.

5.6 The Department of Health Commissioning Framework for Health and Wellbeing builds on these recent reforms, aiming for a: shift towards services that are personal, sensitive to individual need and that:

- Maintain independence and dignity
- Strategic reorientation towards promoting health and wellbeing, investing now to reduce future ill-health costs
- Stronger focus on commissioning the services and interventions that will achieve better health, across health services and local government, with everyone working together to promote inclusion and tackle health inequalities.

The Commissioning Framework for Health and Wellbeing identified eight steps to effective commissioning, which include understanding the needs of populations and individuals. The JSNA identifies the health and wellbeing needs of Slough’s population, and over time will lead to more effective service provision by informing the Sustainable Community Strategy, Local Area Agreement, and other relevant commissioning strategies, driving improvements in the health and wellbeing and ultimately leading to a reduction in health inequalities.

Eight steps to effective commissioning
- Putting people at the centre of commissioning
- Understanding the needs of populations and individuals
- Sharing and using information more effectively
- Assuring high quality providers for all services
- Recognising the interdependence of work, health and wellbeing
- Developing incentives for commissioning for health and wellbeing
- Making it happen: local accountability
- Making it happen: capability and leadership

5.7 In the NHS, the Department of Health’s World Class Commissioning programme will improve commissioning capability. The programme consists of three main areas:

- Articulating a vision and purpose for world class commissioning to inspire and motivate the NHS, and setting out the key competencies that commissioning organisations will need in order to become world class
- Creating an assurance model to reward PCTs for delivering world class commissioning and to hold them to account
- Putting in place a support and development framework to help PCTs attain world class commissioner status.

The world class commissioning competencies emphasise the role of JSNA in driving the long term commissioning strategies of PCTs and their collaborative work with community partners, and include an emphasis on public and patient engagement.

5.8 In definition the Joint Strategic Needs Assessment describes:
- a process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness
It identifies “the big picture” in terms of the health and wellbeing needs and inequalities of a local population.

Needs assessment is an essential tool for commissioners to inform service planning and commissioning strategies. For the purpose of the JSNA, a clear distinction must be made between individual and population need. JSNA examines aggregated assessment of need and should not be used for identifying need at the individual level. Specifically, JSNA is a tool to identify groups where needs are not being met and that are experiencing poor outcomes.

5.9 Building on this new duty placed upon Slough Borough Council and Berkshire East PCT the key focus of Slough’s JSNA includes:

- Understanding the current and future health and wellbeing needs of Slough’s population: over both the short (three to five years) to inform Local Area Agreements, and the longer term future (five to ten years) to inform strategic planning.
- Commissioning services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities.

Slough’s JSNA process will be underpinned by:

- Partnership working with the Directors of Public Health, Adult Social Services and Children’s Services working in collaboration with the Directors of Commissioning.
- Community engagement which actively engages with communities, service users, patients, carers and providers including the third and private sector to develop a full understanding of needs, particular focussing on vulnerable groups.
- Evidence of effectiveness by identifying relevant best practice, innovation and research to inform how needs are best met.

5.10 JSNA is a continuous process which will demand effective engagement between the key partners to refine the ongoing analytical process. See diagram in Appendix 1

6. **Comments of Other Committees**

None

7. **Conclusion**

The concept of a Joint Strategic Needs Assessment was introduced in the Department of Health’s *Commissioning Framework for Health and Wellbeing*, which was published in March 2007. The JSNA is expected to “describe the future health care and wellbeing needs of local populations and the strategic direction of service delivery to help meet those needs”.

The Directors of Public Health Berkshire East PCT, Adult Social Services and Children & Young People’s Services are jointly responsible for the development of the JSNA and for providing a framework for health and social care to work in partnership to identify the needs of Slough’s population we serve and work to together in commissioning services to meet those needs.
8. Appendices Attached
   A - The Joint Strategic Needs Assessment Process
   B - The Joint Strategic Needs Assessment for Slough

9. Background Papers
   1 White Paper “Our Health, Our Care, Our Say” (2006)
   3 The Local Government and Public Involvement in Health Act (2007)
   7 Every Child Matters: Change for Children
The Joint Strategic Needs Assessment Process

APPENDIX A

The Joint Strategic Needs Assessment Process

Undertaking JSNA

Feeding back findings of JSNA

Using JSNA to inform SCS, LAA and commissioning decisions

Content of JSNA

Who is involved?
What is the extent of their involvement?
How were they involved?
How often were they involved?

Do the data tell a story about the local area?
What analyses were done to give a more detailed picture of the area?
Are the needs and aspirations of the population for the short and longer term understood?
What are the local health inequalities?
Has evidence of effectiveness been considered?

Collect quantitative and qualitative data on local need
Transcribe these data into information
Incorporate information into needs assessment

Make the prioritising process explicit
Make the decision-making process explicit

What mechanisms were used?
What forums were used?
Was the local community involved in feedback?
Were all groups been involved?
Do local people understand what is being done about health and wellbeing in the area?

What priorities have been identified from the story of the local area?
Have health and wellbeing indicators been agreed?
Is it possible to draw a line from the need to the commissioning decisions?
Has evidence of effectiveness been considered?