

# **CHESHIRE EAST COUNCIL**

## **Health and Adult Social Care Scrutiny Committee**

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**Date of Meeting:** 9 September 2010  
**Report of:** Ruth Galvin, Head of Business - Public Health, Central and Eastern Cheshire Primary Care Trust (CECPCT)  
**Subject/Title:** Report on Joint Strategic Needs Assessment

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### **1 Report Summary**

- 1.1 This report has been prepared to inform the Cheshire East Health and Adult Social Care Scrutiny Committee of:
- 1.2 the progress made in developing the Joint Strategic Needs Assessment for Cheshire East;
- 1.3 the headline findings of a Joint Peer Review of the JSNA by Local Government Improvement and Development (formally Improvement and Development Agency) and the PCTs internal auditors: Merseyside Internal Audit

### **2 Recommendations**

- 2.1 That:
  - (a) The Scrutiny Committee note the contents of the JSNA website and the work in the PCT and Local Authority that it has influenced. The PCT and Local Authority to enhance their joint work in order to progress and update the content of the JSNA and implement the recommendations of the joint review;
  - (b) The Scrutiny Committee note the contents of the joint review of the JSNA and its early findings; once the full report is available the JSNA steering group will set key performance indicators and implement the recommendations of the review;

### **3 Reasons for Recommendations**

- 3.1 To progress work of the JSNA in order for robust intelligence and data is available to enable planning and commissioning of services in the context of emerging national policy changes in how health and health care services are commissioned in the future.

### **4 Wards Affected**

- 4.1 All

## **5 Local Ward Members**

### **5.1 All**

## **6 Policy Implications**

- 6.1 The recommendations aim to support the development of the JSNA in the light of major public sector reform and a new Health Bill and Public Health White Paper (latter due Dec 2010)

## **7 Financial Implications**

- 7.1 Not known at this stage.

## **8 Legal Implications (Authorised by the Borough Solicitor)**

- 8.1 New statutory role for Local Authorities – details to be published.

## **9 Risk Management**

- 9.1 Risks to be identified

## **10. Overview of the JSNA**

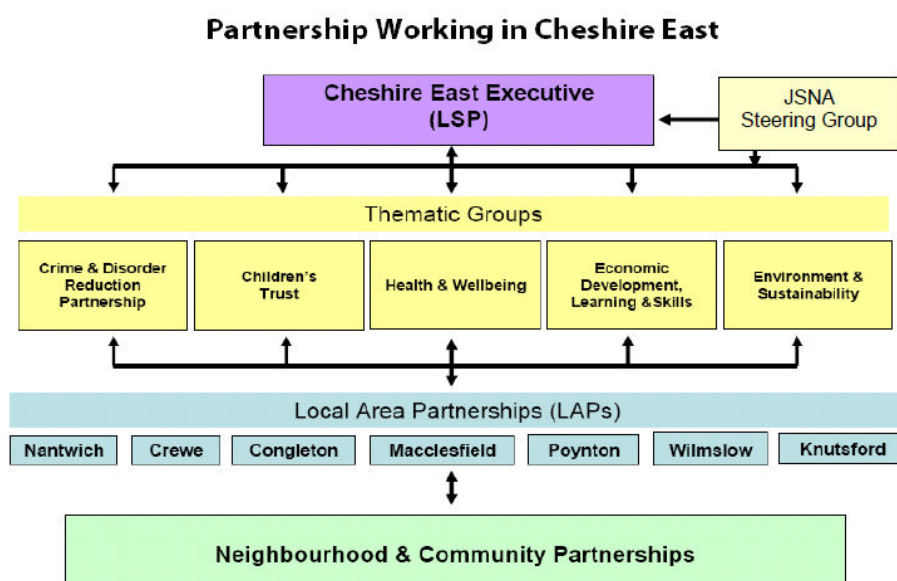
- 10.1 In 2007 the Local Government and Public Involvement in Health Act placed a duty on upper-tier local authorities (or unitary Councils) and Primary Care Trusts to undertake Joint Strategic Needs Assessment (JSNA). At that point two Joint Strategic Needs Assessments were developed reflecting the different needs of the Cheshire West and Chester and Cheshire East areas using a common process and approach.
- 10.2 Joint Strategic Needs Assessment is a process that identifies the current and future health and wellbeing needs of a local population, informing the priorities and targets and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities.
- 10.3 Since the last JSNA report to the Overview Scrutiny Committee the two JSNAs in Cheshire West and East have separated and the Cheshire East JSNA has developed a clear identity. The JSNA steering group has been jointly chaired by the Director of Public Health and the Director of People.
- 10.4 The improvements to the JSNA have been recognised in the World Class Commissioning assessment and JSNA information and intelligence has influenced and underpinned a number of key plans and strategies. The JSNA

WebPages are now hosted by Cheshire East Council Website. The pages have been expanded, further populated and improved.

- 10.5 From September 2010 the JSNA governance, structure and content will evolve again. This is as a result of the retirement of the Director of People at Cheshire East Council. The Head of Adult Social Services will assume the role of joint chair. As well as these governance arrangements there will be progression in the approach and monitoring of the Cheshire East JSNA. This follows the recent Peer Review by Local Government Improvement and Development and the PCT internal auditors who, at the request of the two host organisations set recommendations to develop the JSNA further in preparation for its future role as a result of structural changes to the NHS.

## 11 The JSNA and the LSP Structure

- 11.1 The JSNA Steering group is jointly chaired by the Director of Public Health and Head of People/Adult Social Care. Senior Commissioning and service leads from both organisations attend plus data intelligence and thematic group representation which includes members from the 3<sup>rd</sup> sector.
- 11.2 On 11<sup>th</sup> May 2009 Dr. Heather Grimbaldeston, Director of Public Health, presented a report to the Executive Board of the LSP about the progress and the commissioning of the JSNA. In response to the recommendations in that report the LSP Executive Board agreed that the LSP should be the body formally to commission the JSNA. It also resolved that the JSNA Steering Group should be requested to report on its progress to the LSP at six monthly intervals.
- 11.3 The next report to the LSP is due on 6<sup>th</sup> September 2010. The joint chairs have outlined key recommendations to widen the scope of the JSNA to move towards becoming a single portal into a rich, and multi-dimensional bank of data for all commissioners.



## **12 Development of the content and structure of the JSNA information on the web-pages linked to the core data set**

- 12.1 The JSNA has been a web-based tool since it commenced in 2008. This allows it to be dynamic with sections of information and intelligence being updated regularly.
- 12.2 Since the last JSNA report to the scrutiny committee the JSNA WebPages have been migrated from the PCT website to Cheshire East Website with an improved format. This maximises the audience and provides consistency with the JSNA footprint.
- 12.3 Further developments have been made to the WebPages lay out. With background information about the JSNA a section for users to more easily identify key findings of the JSNA and priority measures. Updated and additional JSNA Chapters on topics outlined in the core data set have been included.
- 12.4 A community voice information section has been added which incorporates consultations/surveys and user views linked to JSNA topic chapters. A needs assessment section has been introduced which displays all in-depth needs assessments undertaken. A data section is also available which will enable all interested parties to access and use data for further needs analysis as required.
- 12.5 The chapter lay out of the JSNA is organised under the following sections:
- Demography
  - Social and Environmental Factors
  - Lifestyle Factors
  - Burdens of ill health and disease
  - Children and young people
  - Older People
  - Services
- 12.6 These sections are derived from the nationally prescribed layout of the “JSNA core data set” and each section has a series of chapters linked to an indicator on the core data set. As the chapters interlink a section may include a chapter featured in another section of the JSNA WebPages for ease of navigation, for example a chapter on births appears in the Demography section and the Children and Young Peoples section. Indicators from the core data set are supplemented with additional, locally relevant information to add depth and insight into the needs of our population.
- 12.7 The website can be accessed through the following link:  
[www.cheshireeast.gov.uk/community\\_and\\_living/local\\_strategic\\_partnership/jsna](http://www.cheshireeast.gov.uk/community_and_living/local_strategic_partnership/jsna)

- 13 Production of JSNA Executive Summary January 2010** The Executive Summary outlines the challenging health and social care findings from the JSNA. The top 5 priority measures for Cheshire East are:

#### Priority Measures

- Reduce Cardiovascular Disease rates
- Reduce Cancer Rates
- Alcohol Harm Reduction
- Improve the health of older people
- Improving the health of children

#### **14 JSNA influencing strategic planning and commissioning of services**

- 14.1 There is clear line of sight from the findings of the JSNA and the PCT Commissioning Strategic Plan 2010. The JSNA also underpinned the Local Authority Sustainable Community Strategy.
- 14.2 Extensive health data has been produced to provide a comprehensive picture of the Health of the population in each of the Local Partnership Areas (LAP). This information and intelligence is being utilised to underpin LAP plans. The JSNA is currently providing extensive information and intelligence to build a pharmacy needs assessment.
- 14.3 The JSNA information has supported the development of the dementia strategy/plan it is currently supporting the older peoples strategy and the child poverty strategy.

#### **15 JSNA Review Background**

- 15.1 At the end of quarter 4 2009/10 the JSNA steering group asked Merseyside Internal Audit (MIAA), the PCT auditors to conduct an audit of the JSNA to focus on how the steering group could improve on or establish more effective means of monitoring the use of the JSNA and its impact on the ways in which services are planned and commissioned. The intention was for the steering group to set key performance indicators based on the outcomes of the audit.
- 15.2 At the beginning the audit the JSNA steering group were approached by the Improvement and Development Agency to carry out a Peer Review of the JSNA. The peer review involved outside professionals from other PCTs and Councils reviewing Cheshire East JSNA against a set of agreed Key Lines of Enquiry.
- 15.3 The steering group agreed that it was appropriate that the audit and the peer review became a joint review of the JSNA. The review focused on different aspects of the JSNA and interviewed a number of key staff in the PCT and Local Authority as well as reviewing the JSNA material and WebPages.

## 16 JSNA Review Key findings

The preliminary results of the joint review were fed back to key staff on 13<sup>th</sup> August. A full report is due in September. The review looked at 3 key areas.

### 16.1 Key area 1: Undertaking the JSNA:

Area	Strengths	For consideration
<b>Leadership &amp; Ownership</b>	<p>Good awareness among executive members and senior officers of the JSNA.</p> <p>Leader of the council and PCT Chair understand the strategic importance of the JSNA.</p> <p>There is ownership by the LSP Executive Board.</p> <p>Strong leadership by the steering group chairs and the JSNA has been signed off by PCT Board</p>	<p>Retirement of one of the joint chairs.</p> <p>Limited / Varied engagement at commissioning manager and middle manager level. Limited evidence of the JSNA influencing services and plans</p>
<b>Strategy &amp; Plan alignment</b>	<p>Commitment to agreed shared priorities</p> <p>Clear and growing links between JSNA and a range of key strategies/documents e.g.</p> <ul style="list-style-type: none"> <li>• Sustainable Community Strategy;</li> <li>• Annual Public Health Report</li> <li>• GP Plans</li> <li>• Pharmacy Needs Assessment</li> </ul> <p>Ambitions for the JSNA to be the platform for joint intelligence, informing all investment and planning decisions</p>	<p>How can the JSNA become the central feature of an intelligence pool?</p> <p>Does the JSNA need to be more fully part of the planning and strategy arrangements?</p>
<b>Partnership working: strengths</b>	<p>Positive examples of partnership working – e.g. pooled budgets for people with learning difficulties</p> <p>Clear recognition that partnership working is vital to tackling differences in health and improving health outcomes</p> <p>Partners have a good understanding of the health of the local population and where differences in health exist from the JSNA</p> <p>Local Area Partnerships are recognised as having a major part to play in tackling differences in health inequalities</p>	<p>The JSNA is not yet seen to be driving improved outcomes</p> <p>The views of the council and the PCT mirror each other; both believe their partners could do more to be effective</p> <p>Different understanding of 'commissioning'</p> <p>Lack of co-terminosity and relative immaturity of the council seen as barriers to partnership working</p> <p>Little evidence of wider engagement with or involvement of wider council departments, NHS providers, other statutory bodies or the voluntary and community sectors</p>
<b>Involvement&amp; engagement:</b>	<p>Range of mechanisms in place to reflect diverse voices</p> <p>"Community voice" section included on the JSNA website</p> <p>7 Local Area Partnerships (and 2 APBs)</p>	<p>The community, voluntary and charitable sector has not been fully involved in the design and preparation of the JSNA</p> <p>Concern that over reliance on LAPs potentially excludes some community voices such as migrants, newer communities and more deprived communities</p> <p>Separate approaches to community engagement at the PCT and Local Authority</p>

## 16.2 Key area 2: The content

Area	Strengths	For consideration
<b>Data &amp; intelligence</b>	<p>Ambitious plans for the JSNA</p> <p>Good use of the national dataset</p> <p>Development of statistical LAP analysis</p> <p>Use of information outside the core data set</p> <ul style="list-style-type: none"> <li>Information on observed and expected disease prevalence using GP QOF data</li> </ul>	<p>Primarily health data focused and not at this stage fully reflective of the wider evidence base (Council collaboration to JSNA webpage)</p> <p>Data and information sharing arrangements</p> <p>Balance between qualitative and quantitative data</p> <p>Reliance on single PCT data analyst</p> <p>Lack of granularity of information</p> <p>Recognition of cost vs needs analysis</p> <p>How to go from data to the local story and from the local story to options and priorities?</p> <p>How can data and information sharing arrangements be improved / strengthened?</p>
<b>Format &amp; presentation</b>	<p>JSNA website used frequently</p> <p>“Opportunities for the community to contribute to JSNA and its development via the web master</p> <p>Clear and logical flow and structure</p> <p>Commissioning team contribution to populating website</p>	<p>JSNA is largely technical in its focus and presentation and not accessible to a wide range of readers</p> <p>Does not reflect the precursors of inequalities and opportunities to address them</p> <p>Challenge in relation to converting data into future action</p>

## 16.3 Key area 3: Using the JSNA

Area	Strengths	For consideration
<b>Commissioning and decision making</b>	<p>JSNA being used to inform a range of plans (e.g. GP Cluster plans via Annual Public Health Report)</p> <p>PCT commissioning engagement with Public health throughout JSNA development</p> <p>Used to validate existing plans (e.g. older people commissioning)</p>	<p>Still early days!</p> <p>JSNA is beginning to inform commissioning decisions but this is not common or extensive practice across the Council or the PCT</p> <p>Lack of commissioning capacity, skills and awareness</p> <p>Taking action on the basis of knowledge about health inequalities</p> <p>Expectation that the LAPs will play a major role in tackling health inequalities – but no resources identified to support them to do so</p> <p>Is JSNA influencing de-commissioning?</p> <p>How to balance investment in health improvement with investment in the care of older people?</p> <p>What processes of decision making would help this?</p>

## **17 Taking the review forward**

- 17.1 The JSNA steering group await the full report of the peer challenge review in order to review the full recommendations and develop key performance indicators.
- 17.2 The peer review has provided Cheshire East with an opportunity to review what's working well and where improvements need to be made on the JSNA. Whilst there has been an element of 'looking back' the peer challenge brings benefits and added value in how we undertake JSNA in the future, enabling the Local Authority and the PCT to be well positioned in preparing for future changes due to public sector reform and the new Health Bill and Public Health White Paper (due at the end of the year).
- 17.3 The peer review group have offered to work with JSNA Steering Group to take forward the issues highlighted and complete action planning

## **18 Recommendations / Actions**

The Committee is asked to

- a) Note the progress of the Joint Strategic Needs Assessment for Cheshire East;
- b) Consider the preliminary results of the joint peer review of the JSNA

## **19 Access to Information**

- 19.1 The JSNA web-pages can be accessed using the following link:  
[www.cheshireeast.gov.uk/community\\_and\\_living/local\\_strategic\\_partnership/jsna](http://www.cheshireeast.gov.uk/community_and_living/local_strategic_partnership/jsna)
- 19.2 A copy of the presentation outlining the initial findings of the JSNA review can be obtained by contacting  
Name: Ruth Galvin  
Designation: Head of Business - Public Health, CECPT  
Email: [ruth.galvin@cecpct.nhs.uk](mailto:ruth.galvin@cecpct.nhs.uk)